Caring for the past
in traditional practices of care

by

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Declaration

This thesis is submitted to the University of Warwick in support of my application for the degree of Doctor of Philosophy. It has been composed by myself and has not been submitted in any previous application for any degree. The work presented here, including the data generated and data the analysis were carried out by the author.

Abstract

This thesis introduces the idea of *caring for the past* in a way that makes visible the complex entanglement of power and agency in traditional practices of care. Using and combining key ideas from the fields of social studies of time and feminist studies of care, it analyses interviews and fieldwork observations conducted with two groups of carers in Ecuador throughout different settings. One group practices agroecology and the other practises traditional midwifery. The thesis starts by examining how different pasts are embedded and becoming meaningful in carers' relations to plants, animals, people, and other non-human beings. The discussion then moves on to consider the re-configuration of these traditional practices of care when confronted with a different setting where power-relations are deeply enrooted in colonial histories. The different stories illustrate what is termed as a 'past multiple' whereby care maintains vital connections among individuals across time and space, including power relations. In doing so, the research highlights both the agency of carers in the connection to different pasts and the power structures that care itself reproduces and maintains. Moreover, the research critically engages with *detemporalised* readings of the practices that render the labour of the carers invisible. Thus highlighting the contribution of doing politics of care in the context of traditional practices of care. In sum, this thesis contributes to and extends the scholarship on care by introducing the notions of detemporalisation and temporal structures as a conceptual lens through which to examine social spaces where a multiple temporal ontology is continually re-enacted.

Tables and illustrated material

Chapter I: Introduction

This thesis examines a particular connection to the past through traditional practices of care in agroecology and midwifery, which I have termed, *caring for the past*. As will become more evident throughout the thesis, I argue that the midwives and farmers' relations to the past, as these relations are enacted through their practices of traditional midwifery and agroecology, are multiple and continually opening new possibilities of action in the present. Moreover, I argue that this thesis' reading of the past through the lenses of care, i.e. embedded in power structures shaping and being shaped by the present practice of the carers, is rarely addressed when referring to 'tradition' in the context of these practices, as it will be further illustrated across the different chapters.

The thesis challenges different forms of *detemporalisation* that read traditional practices abstracted "from the ongoing contingency and temporality of being-becoming" (Adam, 2009, p. 80). Instead, my research examines lived practices in which the past appears in multiple and changing ways insofar as they are meaningful within the various situated presents. Chapters Four to Six will exemplify different forms of detemporalisation with which the carers deal in their everyday practices and explain how they make invisible the complex labour of midwives and farmers in the present. Moreover, the research illustrates that the materiality of the past is embedded and embodied in the stories of the carers who are caring in the present by tangling past, present and potential futures in their territories. More importantly, the thesis proposes that our connection to the past and how we understand other people's connections to the past reproduce more or less caring relationships among us. That is, relationships in which we share more or less equitably the attention and responsibility to our multiple needs and of those who surround us.

In this regard, throughout the thesis, I refer to specific areas which are shaped by the particular livelihoods and the work of the carers in repairing and maintaining the relationships and beings in need of nourishment. One central question the thesis asks is how traditional practices of care create and maintain interconnections among individuals, their ancestors, the plants and animals with which they relate, the land in which they are situated and other non-human beings. The thesis explores the labour of carers in maintaining such interconnections where they enact multiple situated pasts that interweave power and agency in particular ways. Thus, bringing forward a conversation on time and care based on the practices of the carers.

This introductory chapter presents the themes that the thesis will explore across the different chapters, and provides a theoretical and social justification for the value and relevance of the two investigated empirical cases in conversation with the theoretical approach. It starts by introducing the case study with a description of the empirical material the thesis deals with, followed by a contextualisation of the stories that constitute the case study, highlighting especially how both groups of carers are embedded in crucial aspects of Ecuador's historical contexts. Then, it discusses the question of time in the literature to delimit the thesis' approach to the connection of time and care. Finally, the last section provides a general outline of the thesis chapter by chapter. The chapter aims to contextualise and justify both theoretically and empirically the relevance and value of this research.

1.1. The case study

Traditional agriculture in agroecological projects and traditional midwifery are the entry points to observe care embedded and embodied not only in multiple ways in the present but also making possible the emergence of a past multiple. In this thesis, I bring together the two practices to analyse the interaction within them of a past multiple, different situated presents and various beings. Each of these practices allowed me to read the other through some specific lenses to which each of them was initially more closely related in the literature. For example, on the one hand, feminist critiques have used midwifery as a widespread example of undervalued care labour of – mainly - working-class, indigenous, black, migrant and rural women's knowledge and practice (Araya, 2011; Carter, 2010; Cartwright & Thomas, 2001; Cosminsky, 1977; Fugate Woods, 1999; Pasveer & Akrich, 2001; Torri, 2013; Vries, Benoit, Teijlingen, & Wrede, 2001). However, midwives' work in maintaining a rich connection to their ancestors embedded in their territories and related to their agricultural knowledge has been less explored. On the other hand, agroecology has been examined as an exemplary alternative of production and care for the earth and people (Altieri, 2002; Altieri, Rosset, & Thrupp, 1998; Altíeri & Yurjevic, 1991; Gortaire, 2017; Minga, 2014), but the role of care of women -historically and in the present- within agroecology has not been sufficiently addressed (as discussed by, Pérez Neira and Soler Montiel, 2013; Larrauri, Neira and Montiel, 2016; Soler, Rivera and García Roces, 2019). The particularities of each practice, and the debates to which they have been articulated, allowed me to read them through their similarities, differences, encounters, and clashes; and thus, to nurture the analysis of tradition and care with different insights. However, the thesis is not about traditional midwifery or agroecology as such; it is more precisely

about the enactment of time and temporal structures in practices of care embedded in particular territories and shaped by the interaction of different beings, humans and not. Its contribution should thus be read on the one hand, in terms of the questions and possibilities of observation it opens for the study of how traditional agricultural and rural practices actively care for the past in a present full of vulnerabilities to which they respond. And, on the other hand, in terms of how the particular readings of time in practices of care these cases open contribute to the politics of care by making the labour of carers visible in particular ways.

1.2.1. Traditional agriculture and agroecology

Traditional agriculture is defined in the context of this thesis as present practices that draw on ancestral knowledge about how people living in particular territories have been cultivating the land. That is to say, the onus here is on understanding cultivation as both *growing* the land and *knowing about* the land, i.e. what grows and flourishes in it. As will be shown, I explore this cultivation process in the form of readjustment, revalue, remembering, and re-learning of ancestral practices of care in which past and present are always interacting. I purposefully talk about interaction because, as is further illustrated in Chapters Four to Six, the past is embedded and embodied in different beings, sites and relations populating the territories.

It is worth noting that I deliberately chose agroecological projects to examine agricultural practices, primarily because agroecology works with traditional agriculture in combination with other knowledges that make sense locally. Indeed, agroecology works with local and ancestral knowledge of the local communities along with technical and scientific knowledge in what is referred to as a '*dialogo de saberes*': a dialogue between knowledges or practices (Siliprandi, 2015; Gortaire, 2017; De la Cruz, 2018).

There have been different initiatives with international investment to promote agroecological projects in the region and Ecuador is no exception. One particular focus has been the goal of promoting better nourishment in children, which has resulted in organisations such as the FAO becoming involved (Gortaire, 2017). Another key benefit of agroecology is that it is perceived as having the capacity to transform the current hegemonic agricultural model into a circular model of small-scale production where every element serves a purpose, and the soil, the animals and the humans are adequately nourished (Altieri et al., 1998; Altieri & Toledo, 2011; La Via Campesina, 2015; Siliprandi, 2015).

Agroecology has been a growing tendency in Latin America since its beginnings, but it is also very challenging to maintain without more consistent institutional support of the State to drive a thorough agrarian reform that changes the long-term unequal access to fertile land and vital resources like irrigation water. These resources are currently disproportionately in the hands of the agro-industrial production in Ecuador, which is focused mainly on the exportation of products in a global market (Macaroff, 2019); meanwhile more than 80% of the national food production is done by small-scale agriculture (Quevedo, 2013).

The agroecological take on agriculture started to make its way into the country in the 1980s (Gortaire, 2017). Women especially found an opportunity in these systems to improve the health of their families and communities and generate income that could have otherwise been more difficult to achieve (Tello, 2011; Minga, 2014). Some of the projects I followed for this study were well-established projects, and others were just beginning. These projects were placed at different localities around the northern Andean region of Ecuador, in the provinces of Pichincha and Imbabura.

Overall, I conducted 12 in-depth interviews with farmers, plus some interviews with key informants related to the projects, visiting four different agroecological projects. In two cases (signalled by * in Figure 1 below), I visited the farmers in more than one space. I also conducted detailed observations of these spaces while producers interacted with consumers and participated in several different activities in them, these activities were related to the work in the markets and to the political activities of the organisations of which they were members.

Locations of the fieldwork/Traditional agriculture				
Visited Provinces	**Cantons**		**Locations**	**People (* indicates a farmer)**
	Pichincha	Quito	Feria Agroecológica de Carcelén [Market]	Delia* D. Manuela*
		Cayambe	Feria Agroecológica Bio-Vida [Market]	D. Cecilia D. Rosa D. Tatiana
	Imbabura	Ibarra	Feria Agroecológica Plaza de Águila [Market]	D. Celeste D. Susana D. Estela Verónica D. Lucia D. Teresa
			Farm	D. Manuela*

 Ecuador		Pimampiro	Feria Agroecológica Tierra Viva [Market]	Delia*
			Farm	Delia* D. Maria

Figure 1. Locations of the Fieldwork for Case 1

1.2.2. Traditional midwifery

I talk about 'traditional midwifery' because I do not refer to the health professionals specialised in obstetrics, but to traditional healers. That is, people who have learned their practice from ancestors and use resources from their local areas, such as plants, animals, and other beings, such as spirits, rivers and mountains, as crucial components of their healing practices. In other words, their knowledge is embedded within their local areas and their connection to their ancestors plays a crucial role in their practices.

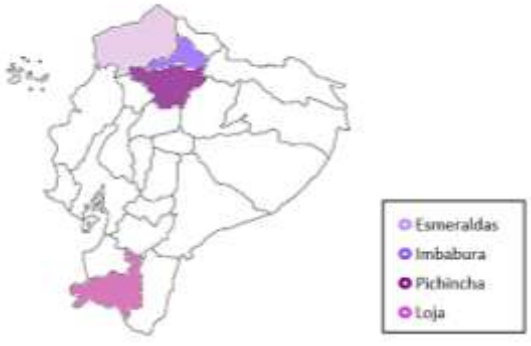
Traditional midwifery in Ecuador is a common practice to this day, although some midwives interviewed in this study commented that it is increasingly scarce. Midwives are usually introduced into the practice either through a relative, another midwife in the community or empirically by helping women in the community and then learning from their practice and other midwives. In most cases, traditional midwives are women, but there are male midwives too. For most midwives, midwifery is not their primary economic income, but instead, they combine it with other activities, especially farming. Farmers and midwives share a connection to their local areas through their knowledge of plants, animals and other beings interacting throughout their practice. Although there are traditional midwives in urban regions, traditional midwives live often in rural areas; either way, the practice of traditional midwives gravitates around their detailed knowledge of plants and natural medicine.

Many traditional midwives grow their own plants to conduct their medicine, but as we will see in the empirical chapters, they also buy or gather wild plants from the surrounding areas, as well as use what their patients have at hand. Note that their labour is not only performed around pregnancy. They are also considered to be traditional healers, and in many parts, especially in the Andean-Kichwa region of the country, people call them 'Mamas'. Their communities typically respect and value their work and wisdom.

This means that, although they assist pregnant women, pre and postpartum, people often seek their help in their communities in a variety of circumstances. Nevertheless, they perform their practice mostly as unpaid labour, combining their practice with farming and other activities, with only a few of them practising full time as healers.

There have been some attempts to incorporate traditional midwives into the national health system in Ecuador, which works mainly under a Western biomedical model of health. However, this has not been fully achieved, as will be further discussed in Chapter Six. Nonetheless, the current national constitution recognises the right of peoples to practice traditional medicine and the State guarantees the protection of sacred places, plants and animals according to their medicine (Mozo, 2017). The institutionalisation and translation into public policy of these constitutional general principles have gone through different changes, and there is still work to do to fulfil the final goal of different social movements of more equality and autonomy for the different indigenous and afro-descendant peoples.

The 15 midwives I interviewed in-depth are mostly from the Northern Andean region, but I also interviewed three midwives in the south of the country (Loja) and one in the northern coast (Esmeraldas). The reasons for these choices are explained in detail in Chapter Three along with detailed descriptions of the different sites involved in the research. I also interviewed two doctors, a public servant and the director of an NGO working with ancestral traditional medicine and western medicine; all of them became key informants for the story of the hospital in Chapter Six. Additionally, I drew on historical documents and complementary literature that includes interviews with other midwives across Ecuador and detailed descriptions of their practices.

Locations of the fieldwork/Traditional midwifery				
Visited Provinces	**Cantons**		**Locations**	**People**
	Pichincha	Quito	Urban Midwives Group	Elena
		Cayambe	People's residencies	D. Elisa
	Loja	Calvas	People's residencies	D. Raquel D. Marcela
		Macará	People's residencies	D. Alba

Ecuador	Imbabura	Cotacachi	People's residencies	Tamia
		Otavalo	Iluman Health Centre	Dr Mena
			Otavalo Health Centre	M. Quinga
			People's residencies	D. Flor D. Carmen Estela D. Lucy
			Ministry of Health	A. Torres D. Mariana D. Laura D. Victoria
			Jambi Huasi	F. Troya
			Hospital	D. Marina Dr Martinez
	Esmeraldas	Eloy Alfaro	People's residencies	D. Matilde

Figure 2. Locations of the Fieldwork for Case 2

1.2.3. The language I use

Before contextualising the stories that form the case study, I will briefly make some clarifications regarding the language I use throughout the thesis to make the reading more fluent. I talk throughout the thesis about 'the carers', to refer to midwives and farmers indistinctively. I refer to 'ancestral knowledge' and 'ancestral traditions' because farmers and midwives use these terms to refer broadly to the knowledge that they share with their ancestors through different generations and multiple means. In some contexts, they refer to the knowledge of the different pre-colonial peoples. For instance, farmers talk about 'ancestral seeds' and 'ancestral food' to refer to the native seeds and recipes that

have been cultivated and cooked by the peoples inhabiting their territories before the colonisation that started during the 15th century. However, for instance, many of those same ancestral dishes contain non-native products (wheat, pork); moreover, as highlighted in the next section, much of the relationship to land and its cultivation has been shaped by disputes over resources during colonialism and later during the development of industrial capitalism. Importantly, ancestral, in this sense, should be read as something to which carers have an affective connection and that is embedded within the dynamic of being-becoming, and not in reference to an 'original' past, as further developed in this chapter.

Similarly, I use the notion of 'past multiple', which will be adequately introduced later in Chapter Two, drawing from Annemarie Mol's notion of an 'ontology multiple' (Mol, 2002). I follow how the past is enacted in practice, following Mol's "praxiographic" approach (Mol, 2002, p. 150). In brief, following Mol, it is assumed here that midwifery and agroecology are themselves done through different practices (for instance, collecting the plants, preparing the medicine, cooking, attending patients) and so the past is enacted in multiple ways through these practices. Nonetheless, I highlight how that multiplicity illustrates the complex connection to a shared and significant past among the carers, instead of merely describing different disconnected pasts. Moreover, I emphasise the complex relations, and even some contradictions, among the different enactments of the past in the practices that bring forward the politics of care and time, to discuss the power structures and agency intertwined in the practices.

I also use some words in Spanish and Kichwa. E.g., in the case of agroecological projects, I use the Spanish name of *Ferias* that broadly refers to farmers markets, but with some peculiarities. The ferias were spaces with a broader purpose than selling the products. They were conceived as places to interchange knowledge of different kinds, where producers were associated for a bigger purpose than selling their products; furthermore, the producers had political agendas and other shared activities outside the market so their relationship extended beyond a commercial relation. In sum, the ferias represent a space to defend and promote an alternative form of commercialisation and production in general (Minga Ochoa, 2016; De la Cruz, 2018). I thus use *Ferias* to avoid the more generic name of *farmers market* in an attempt to signal the particularity of the space.

Note also that throughout the thesis, I use the first person; the reasons for this will be unpacked in Chapter Three in connection to Feminist standpoints. Essentially, this is a decision based on the commitment to the accountability of situated practices above an idealised version of objectivity. In addition, I use the title 'Doña' to refer to many of the informants, since it was the way I would also refer to them locally, as this is the term that is traditionally used in Ecuador when referring to older people to whom you are not closely related. In the cases when I use only the name was also following conventions of treating contemporaries in a more informal manner. I believe that doing it in a different manner would have felt somehow forced. Although people are anonymized with pseudonyms, I bring this use of language to the narrative to communicate some of the singularities of the stories and, as suggested by Maria Puig de la Bellacasa, to 'mobilise care' towards these stories (Puig de la Bellacasa, 2011, 2017). Likewise, following Dean Curtin's distinction, when talking about an ecological logic of care, between *caring about* (abstracted from the actual context) and *caring for*, "caring for particular persons in the context of their histories" (Curtin, 1991, p. 67).

Finally, throughout the thesis, I talk about 'indigenous peoples' while clarifying that the thesis is not focused on any particular ethnic group. In fact, I deliberately did not want to do research 'on' or 'about' indigenous peoples per se, acknowledging the fact that a big part of the colonial enterprise has been sustained by the scientific research on indigenous peoples around the world, who have been constructed and categorised as 'the other' within a system that profits from their land, resources and labour force (Murphy, 2018; Reardon & TallBear, 2012; Tallbear, 2018; TallBear, 2013, 2016; Tuck, 2015). However, when I started to follow traditional practices of care connected to the land, which were embedded in the land and territories in Ecuador, it was impossible not to reach into the connection to indigenous peoples, because the land - as it is throughout the continent - is land cultivated within ancestral indigenous territories. In this sense, when I refer in this thesis to 'indigenous peoples', I refer to the diverse peoples and nationalities inhabiting different territories and recognised by the Ecuadorian constitution, and not to an ethnic or otherwise 'population'. I refer to 'indigenous people/women/men' in a more generic way when talking about people within colonial or otherwise oppressive systems in which their embodied experience is different from the privileged groups. For instance, I talk about 'indigenous women' when talking about the hacienda system, as I do next on this chapter, because it is the way the system racialized the multiple indigenous nationalities, collapsing them into one group distinguishable from

the land owners or *Hacendados*. Chapter Six highlights the racialization of specific bodies in particular contexts and provides further arguments to sustain my position in this debate while acknowledging other positions and what they bring to the debate. Overall, as will be shown, the onus is on telling the stories of local people and highlighting the ways in which they actively care for the past in the present.

1.2. Context

1.2.1. Whose past

As mentioned across this chapter, I have centred my research in two sets of practices in which traditional knowledge is of special value: agroecological agriculture and traditional midwifery. All the stories in this thesis are stories of women practising midwifery or agroecology; all of them, except for one, live in rural areas in Ecuador. This does not mean that there are not male farmers or midwives involved in these practices; in fact, since agroecology proposes an entirely different model of production, the whole family unit is usually involved. Similarly, there are male midwives, although they are less common, and my research has not led me to them directly. That being said, across the thesis, there are stories of learning from a male ancestor or teaching the practice to a male descendant. In the agroecological projects I visited, the majority of producers were women, and even if the family was involved, women were the ones participating in the markets and engaging in the political work of their organisation. Indeed, selling the products in the markets is one of the traditional roles that women in rural households who work in agriculture have been reproducing for centuries, along with cooking and taking care of the animals (CARE Ecuador, 2016). To understand this division of labour in which the caring work of feeding and healing the family has been unevenly distributed in the hands of women, it is important to analyse some historical context.

Before discussing the historical dimensions, I want to clarify my approach to these complicated problems. Throughout the thesis, I relate to the historical data following Eve Tuck's (2015) suggestion to suspend damage-centred research. This means, to avoid centring the research around 'damaged communities' in a way that depicts the situation as static, for instance as a situation of stagnant non-escapable misery, portraying people "as defeated and broken"(Tuck, 2015, p. 412). Within this type of stabilized depictions, stories lose their temporal depth, and we cannot account for, nor imagine, a different situation. In words of Donna Haraway, they ruin "our capacity for imagining and caring for other worlds, both those that exist precariously now […] and those we need to bring into

being in alliance with other critters, for still possible recuperating pasts, presents, and futures" (Haraway, 2016, p. 50). Otherwise stated by Emma Uprichard in her critique of digital research, we are at risk of being trapped in an ever recurrent 'sticky' present (Uprichard, 2012). In its place, as is implied by this research, we need more stories that narrate the complexities of traditional practices of care, which do not have one clear trajectory, nor one origin or conclusion.

That said, narrating a complex case does not translate into bringing together harmoniously the multiple stories composing it. Quite the reverse, continuity and change are tricky elements to incorporate into the stories. Indeed, some continuities may seem contradictory to some changes shaping the same phenomena (Halls, Uprichard, & Jackson, 2018; Tuck, 2015; Uprichard & Dawney, 2016). The reproduction of care under conditions of exploitation is an excellent example of this, as Chapter Two further illustrates, because the reproduction of care under these conditions combines both nourishment and neglect in intricate forms. I therefore relate to the historical context as part of the complex data of this story, i.e., data that, as described by Uprichard & Dawney, do not always integrate perfectly as pieces of a puzzle (Uprichard & Dawney, 2016). Taking further this pieces-of-a-puzzle analogy, the historical context as it is understood here is not composed of a linear narrative of cause and effect where 'the past' is always determining 'the present'. Instead, as we will see through the empirical accounts presented in this research, the past and present are multiple and always interweaving particular stories. At the end of this chapter, I delve in-depth into the way in which I have treated some of the key historical dimensions and how, when abstracted from lived stories of present practice, they can reproduce oppressive situations for the people who have been and are still living them. For now, it is sufficient to say that this thesis reads the carers' possibilities of action in the present rooted in their relation to a past multiple that becomes meaningful through their practice. In this sense, the history of rural communities, throughout which the practices of traditional agriculture and midwifery unfold, is a history embedded in time and space and embodied by the carers, as Chapters Four to Six will illustrate.

1.2.2. The situation of rural communities in Ecuador

It is worth saying a few words right from the outset on the rural communities in Ecuador which shape this research. Various studies have highlighted the importance of the distribution of land property and access to resources as a crucial factor determining power relations in rural areas in Latin America in general (CARE Ecuador, 2016; Quevedo, 2013;

Torres, Báez, Maldonado, & Yulán, 2017) and these play a critical role in determining women's autonomy and rights (Deere & León de Leal, 2001). In Ecuador specifically, despite the fact that more than 80% of the food production is carried out by small-scale agricultural farmers (Quevedo, 2013), the country follows the regional tendency of an increasing accumulation of land and resources in the hands of the elites (North, Clark, & Luna, 2018), who use it principally for agro-industrial production (Daza, 2017). This implies that, in addition to an elite group of the population having enormous economic power based on the accumulation of land, their control of the resources also tends to reinforce the power-relations through which landowners can influence public policies, which are usually not beneficial for small farmers, namely, policies that favour large scale production and the expansion of the agro-industry based on increasing land grabbing (Macaroff, 2018; North et al., 2018; Sherwood & Paredes, 2014).

Within this background, and ever since Spanish colonialism, when various means to usurp native peoples' lands were used, women have arguably been amongst the most vulnerable groups within these oppressive systems (Paredes, 2015; Segato, 2007). For instance, the colonial rule established forms of negotiating property and rights only with men, taking away from women not only their rights to land but also their rights to participate in the political realm (Auto Gestival, 2018; Federici, 2004). This situation broadly remained unchanged even when formal independence from Spain was achieved during the 19th Century. Erin O'Connor, for instance, documents how in the constitution of the Nation-State, Ecuadorian law favoured men's rights over land property whereas before within the peoples' customs women's rights to property had been more flexible (O'Connor, 2016). Moreover, even today, when the law protects women and grants them equal rights to property, these rights do not immediately translate into the effective possession of the land, nor in respect to the control and management of the properties they own. As shown by Larrauri et al., in practice, men are often still in charge of managing the resources even in the cases of women in the households being the ones who own the land (Larrauri et al., 2016). Nonetheless, throughout these different periods of socio-political history, rural women have continued to play a vital role in the cultivation and care of the land and the people who inhabit the land, as the stories in this thesis illustrate.

1.2.3. Colonial legacy and practices of care

Setting a starting point for traditional practices that have been shared throughout and among many different generations is in some ways, an arbitrary task. In the case of Ecuador, the arbitrariness of setting a sort of starting point to traditional practices is made

even more problematic knowing that the historicisation of the colonisation of the Americas, has erased the multiple histories of the peoples in these territories by grouping them indistinctively under a single group (Rufer, 2010; TallBear, 2013; Zerubavel, 1993). Acknowledging this, I have chosen 'the Hacienda' as the historical context to begin the stories of the practices I follow, because the hacienda shaped much of the relationship of peoples to the land. Not only it has shaped the power relations and politics of peasants, landowners and the state (Becker & Tutillo, 2009; Bretón, 2012; Guerrero, 2010; Martínez, 1998; Thurner, 1993), but also the agricultural landscape and the relation to the land through its cultivation (Bretón, 2012; Gortaire, 2017; Manosalvas, 2012). In this way, it has also shaped the practices of care and their reproduction mainly within a rural domestic sphere.

During the formation of the Ecuadorian nation-state in the 19th century, the colonial socio-economic system of the *Hacienda* predominated in the Andean region supporting a very intricate agricultural and social system. In the haciendas, some Spanish-descendant families and religious organizations, occupied large extensions of land along with the labour force of indigenous peoples that inhabited those territories and to whom they rented small parcels of land for their family production (Becker & Tutillo, 2009). Many of these haciendas also sustained the required work with labour force of enslaved Africans and African-descendants. The Haciendas controlled territories that were so big[1] that, within them, communities reorganised their livelihoods, reproducing complex socio-economic systems (Bretón, 2012; Guerrero, 2010). Inside the Haciendas, as illustrated by Bretón, there were typically three different ecosystems corresponding to different ecological spaces situated in different areas of the hacienda, which went from the lowest and more fertile sections of the terrain, where the landowners lived, to a middle ground and then the *páramo* – located at 3000 meters above sea level and higher. In the Hacienda, indigenous peoples farmed the land across all these levels and built a system

1 Becker & Tutillo (2009) tell the story of one hacienda in the ancestral indigenous territory of Cayambe whose family claimed to own the Volcano. They write: "In March 1880, English explorer and mountaineer Edward Whymper traveled to Cayambe with the intention of climbing the snowy peak, the first recorded climb of that mountain. […] He spent one night at the hacienda of Guachalá in Cayambe. […] Whymper was very impressed by the traditions and lifestyle of the elite of Cayambe, who showed an exaggerated self-esteem. He described Antonio Jarrin de Espinosa, the political chief of Cayambe, and a wealthy landowner who claimed to own the Cayambe and Saraurco volcanoes and five thousand head of cattle, fully occupied in a cockfight" (Becker & Tutillo, 2009, pp. 36–37).

of agricultural production that drew on, and still draws, on their ancestral knowledge of agricultural systems (Bretón, 2012).

The agricultural production in the *páramo* is a good example of how the struggles over land and resources have shaped the practices and livelihoods of the local people in these areas. Considering that the Andean páramo is to this day one of the most inhospitable environments for farming because of its high altitude, the cold weather, and the erosion of the soil, the highly complex agricultural system of the haciendas, under conditions of exploitation and violence, was a gigantic enterprise. Moreover, it demanded equally enormous efforts regarding its construction, maintenance and care, which were each co-developed within the realm of small-scale agriculture. The lands in the *páramo* were not considered productive for the landowners, so its cultivation and maintenance were mainly for the agrarian production of the indigenous families living there, who were connected with the complex system of commercialisation and interchange with other families from the lower territories (Bretón, 2012; Manosalvas, 2012). Today, there is a growing interest in the ecosystem of the *páramo* as it is a vital source of water and of carbon retention (Llambí et al., 2012). Furthermore, after centuries of neglect by the authorities, currently the complex irrigation systems and fountains that the indigenous communities constructed and have maintained throughout generations are disputed by both local governments, who argue that they need the water supply for the cities, and agro-industries that also depend on water in various ways (Manosalvas, 2012).

The important thing I want to highlight for this research is that the dispute over natural resources is entangled with the lived stories, work and livelihoods of the peoples connected to these territories. A closer look at the local everyday lives of the families in the haciendas over time highlights how important women were and have been in the re-production of the land. Indeed, the agricultural production for domestic consumption, which was typically in charge of women, maintained vital ancestral agricultural knowledge that has been intrinsic to the maintenance of crop diversity, maintaining a healthy soil and clean water, which are fundamental for ecosystems. In the haciendas, the women would usually be in charge of feeding the family and maintaining these small farming spaces, including the animals and crops(CARE Ecuador, 2016); they tended to grow a variety of products in the small family parcels conserving and trading seeds among the families, while the men would work in the larger productive areas for the landowner ('hacendado'). Additionally, women were usually the ones in charge of cooking for the landowners' families as well as their own, and nursing the landowner's children and their own (CARE

Ecuador, 2016) (see also, Segato, 2013). In a similar manner, as discussed by Silvia Federici, since the Spanish occupation, ritual practices forbidden by the colonisers, could still have a space of reproduction in the domestic space (Federici, 2004). This included traditional healing practices that were censured and deemed witchery but, regardless, people continued to use them regularly (Federici, 2004). In this realm, it was indigenous women who maintained crucial knowledge of medicinal plants for domestic use of their families and the landowners' families of whom they also took care (CARE Ecuador, 2016).

Nonetheless, the domestic space was connected to a social and economic structure through which families shared products and knowledge from the different ecological floors, but this changed drastically with the dissolution of the hacienda. In the 1970´s, the hacienda system in the Andes started a slow process of decomposition based on the long-standing demand for an agrarian reform act. After the reforms, indigenous families were suddenly part of a national market within which they had to compete, having only the production of their small plots. This meant that, despite the achievement of the social movements concerning the reforms, the complex social and ecological system that supported the production of families across different ecological levels in the Hacienda was now disrupted, and the conditions for the families in the roughest terrains, such as the *páramo*, rapidly started to worsen (Bretón, 2012). It was a difficult transition; some families were in better situations than others were, but many structures of the previous oppressive system simply readjusted to the emergent structures (Becker and Tutillo, 2009). For example, Becker & Tutillo document that, in the case of the haciendas in Cayambe, an important location for my research, once the system was dismantled, the landowners transitioned to occupy different political positions, which meant that these families were often in charge of passing and approving laws regarding land property and labour rights. Consequently, this resulted in a variety of necessary labour and property reforms taking longer to approve in places like Cayambe where the hacendados were occupying political positions (Becker & Tutillo, 2009). Moreover, the conditions for small scale agricultural production were still neglected with continuous land grabbing for agro industrial production throughout which the families of landowners have maintained and often incremented their power (Larrea & Greene, 2018; Macaroff, 2018)..

With the expansion of the agro-industry in the last decades, the space for small-scale agriculture has continued to shrink. In places like Cayambe, the agro-industry dominates the landscape. Not only are big industries such as Nestlé and other smaller industries now in the area controlling large extensions of land and fighting for the control

of other resources like water, but there are also big floriculture industries, which are even more intensive in terms of their use of agricultural resources (Breilh, 2007). Many of the men and young people of the nearby villages work in these sites, which has also contributed to the confinement of the reproduction of ancestral agricultural knowledge to the domestic space, which is often in hands of women. The director of SEDAL, a local NGO working with small-scale agricultural development in Cayambe, echoed this point during my fieldwork:

> Patricia Yacelga (director of SEDAL, Cayambe): the majority of producers involved in agroecology are women because men go out to offer their services. Most of the men are working in construction, working for the industry, developing greenhouses for example. Here we have a mill, we have Nestlé, and we also have the floriculture industries, so they are working there for a salary. Women, on the other hand, stay for the care of children, for the care of animals and somehow have a small garden to complement their families' diets.

In fact, in concordance with this testimony, although the data shows that the production of food in the country is higher among men (CARE Ecuador, 2016), women are mainly in charge of the domestic production to feed their families. Moreover, such domestic production is often done through a different model to that of industrial production: domestic production typically diversifies products instead of producing monocultures; it relies on the rotation of crops and usually does so without the use of agrotoxins, and thus has a lesser environmental impact than large industrial production (Ortega, 2012; Rodríguez Enríquez, 2015).

It is also worth noting that, throughout the Spanish occupation, and later entrance of English extractivist companies during the formation of the nation state, all the way to today's national and multinational extractivist and food industries, the fight for the governance of resources by indigenous peoples has been largely led by women. Indeed, in Ecuador the most prominent figures leading the agrarian reforms and the demands of the indigenous peoples in the seventies were women[2]. These women not only fought for the rights of their people in general, but for indigenous and peasant women's causes in particular too. For instance, they organised groups of women within the local movements

[2] Two emblematic leaders were Dolores Cacuango and Transito Amaguaña that to this day continue to be national and international referents for social and political movements.

and managed to mobilise investment in educational and productive projects, including agroecological projects (Bretón, 2012).

In connection to this point, although my thesis does not deal with this directly, in the last year, a group of women from different territories in the Amazon has also lead crucial fights in their territories against mining and extractivist projects that contaminate their water (Moreano Venegas, van Teijlingen, & Zaragocin, 2018). Various social organisations involved with ecological struggles in the country have analysed the connection in this fight between the violence over the bodies of women and their territories (Colectivo de Investigación y Acción Psicosocial, 2017) (see also, Colectivo Miradas Críticas del Territorio desde el Feminismo, 2017; Vásquez et al., 2014). Thus, in the Amazon region, we see a similar scenario played out to the one described in Ecuador moe generally, whereby the extractivist companies employ men, and women are in charge of the care of their families. Hence, what has happened and is still happening in the Andes is sadly not unique.

That being said, what I want to highlight here is that the agro industry and the extractivist companies have increasingly occupied the space and time of rural communities, who have less time and space for the reproduction of the vast agricultural knowledge they have cultivated throughout centuries in their territories. Yet, in the domestic space, women have been reproducing some of this knowledge through the care of their families, not only in their daily activities of care, but also in actively demanding their right to do so in fairer conditions. Furthermore, the women are typically doing all of this, while also performing the vital work of making visible that their practice is often isolated and takes place in conditions of neglect and violence (Colectivo de Investigación y Acción Psicosocial, 2017). The traditional practices of care this thesis explores have been reproducing within colonial and patriarchal systems, and more recently, under an industrial-capitalist system; it is within these systems that they respond and attend to various needs in their local areas.

Whilst this thesis aims to zoom in on the care practices of women and to situate that work within its historical context, it is important to acknowledge that small-scale agricultural production and even traditional midwifery are not practices that are 'naturally' reproduced by women; rather, the predominantly female workforce within these practices is historically contingent to the development of particular social arrangements. Namely, the confinement of practices of care to domestic –precarious-

labour (Federici, 2004; Segato, 2014; O'Connor, 2016) within an expanding agro-industrial and extractivist model that employs men and young people (Quevedo, 2013; Minga, 2014; Gortaire, 2017; Hidalgo Flor, 2018) has contributed to the expansion of these activities mostly among women. Within this context, today, women in rural areas in Ecuador work on average more hours than men (22 more hours per week) and more than women in the cities (11 more hours per week) (INEC, 2012; Ortega, 2012; CARE Ecuador, 2016). These numbers show that women in rural households are disproportionately in charge of taking care of their families (INEC, 2012; Ortega, 2012). Women, for instance, are exclusively in charge of cooking. They also take care of animals, fertilise the soil, irrigate it, and commercialise the products in the markets (CARE Ecuador, 2016). In many cases, particularly in the cases of farmers involved in agroecology, women not only perform productive and domestic labour, but they also participate in political work or activism (Centro Peruano de Estudios Sociales – CEPES, 2011; CARE Ecuador, 2016). It is within this heavy workload, underpaid and under-protected, that carers reproduce their knowledge, which we will see as the thesis develops, is an important part of the context of the research itself.

Accordingly, as I will argue throughout this thesis, the traditional practices of care I follow do not translate immediately to emancipatory practices; they are not always a way of resisting or transgressing the system but rather a way to respond creatively to the vulnerabilities it produces. As Haraway (2016) proposes, we might say that the carers that constitute the focus of this research carry out practices in part by 'staying with the trouble' rather than ('having the privilege of') 'exiting the system' (Sharma, 2017), as it will be further discussed in the next few chapters. Moreover, to complicate matters further, as we shall see, practices of care can reproduce oppressive structures too. Of course, agroecology is a special case because it proposes an alternative model of production and reproduction of livelihoods, but even within this alternative mode of production, the role of women as carers and their uneven workload has not been sufficiently thought-through or challenged in many local and national policies (Larrauri et al., 2016; Pérez Neira & Soler Montiel, 2013; Soler et al., 2019), as Chapter Four especially illustrates.

1.3. Why it is relevant to talk about time in practices of care

It is worth noting that, although I acknowledge the continuum past-present-future shaping every moment in a non-linear form, the thesis mainly focuses on the relation of the carers in situated presents with the past. This does not mean that I take the carers' connection to the past abstracted from future dynamics. Simply put, I place the accent in

the multiplicity and non-linearity of the carers' connection to the past in the present; which inevitably shows its multiple connections to the future. Throughout the stories of the carers, I argue that their relation to ancestral knowledge consists in both maintaining and renovating the practices in a way that is multiple and cannot be reduced to a linear trajectory from an 'original' past. Moreover, I argue that failing to read and acknowledge such multiplicity is pervasive for the carers as their work, making possible presents and futures with more opportunities to thrive, is made invisible. For instance, the farmers work with ancestral knowledge while maintaining the sovereignty of their territories in the present; which makes possible brighter futures for the coming generations (for example, with more nutritious diets). Examples of the kind will appear throughout the thesis, and the conclusion will signpost some critical points in which significant contributions for further discussions about the future can be undertaken. For now, it is sufficient to say that when talking about the connection to the past, the emphasis is always on the dynamic of being-becoming. What I mean by this is that the temporal dynamics in this thesis are understood as both continuing and adjusting, maintaining and changing. Following Adam & Groves, and Luhman (Adam & Groves, 2007; Luhmann, 1976), our connection to the past is always from a particular present, and it shapes a specific relationship to the future.

1.3.1. Detemporalization and responsibility

It is within the historical context described above that the story of the practices of care in this research begins. That is to say, the history of rural communities in Ecuador necessarily happens within a history in which a colonial institution such as the hacienda has shaped the relationship of the local people to the land through land grabbing and displacement of people. These colonial practices are important to understand the present practices, as they continue to seep through the constitution of the nation state and the expansion of an agro industrial and extractivist mode of production.

At the same time, though, and importantly with respect to the approach taken in this research – mainly because of the findings of the fieldwork itself – colonisation can be read not only as processes of forceful occupation of territories and peoples, but also as a form of detemporalisation of those territories and peoples, which permitted and justified the colonial enterprise. During the colonisation of the Americas, Colonisers configured Natives as ‘not-modern peoples’ who reproduced anachronistic cultures. They located those cultures in the past of their evolutionary narrative in which colonisers were in the present, i.e., the most advanced stage of the evolution (Auto Gestival, 2018; Rufer, 2010;

Segato, 2010). Colonisation configured native cultures in this way as something they had already evolved from, rendering native people as *under-developed*, *not fully mature* or *not yet wholly modern*. Moreover, within the colonial system, the practices and bodies that belonged to the 'non-modern world' were considered of little value and were typically prone to exploitation and oppression (Cuba Nuestra, 2017; Segato, 2010). Famously in this regard, Johannes Fabian's work highlighted how classical anthropology, which emerged closely related to colonialism, situated 'primitive' societies temporally distant to the 'modern' societies of the anthropologists, reproducing what he called "denial of coevalness" (Fabian, 1983). In other words, anthropologists, Fabian argued, situated their subjects of study in an arquetypical traditional past 'outside' the modern present. Fabian's work was part of a broader critique of a progress-related narrative of modernity that situated the non-European social groups in a crystallized 'traditional' past. More recently, Mario Rufer has also written about the process of colonialism as constructing 'traditional/ancestral cultures', a narrative which itself was incorporated in the constitution of Latin American Nation States. He writes:

> The subjects "others" (the indigenous, the child, the peasant) were left at the expense of a double process of symbolic denial in large part of the academic and political discourses. On the one hand, subsumed under the logic of capital in the development of the nation while stripped of the benefits of the systemic order of capitalism. On the other, arranged in the order of the Atavistic Tradition as an anachronistic sign of the origins, but stripped of the terrain of enunciation of the national history/destiny. (Rufer, 2010, p. 22, my translation)

Colonisation, argues Rufer, located the colonised peoples 'out of time', in a dead past, and much of the development of the nation states in Latin America has been built under that same premise, with indigenous and afro-descendant peoples not fully acknowledged as valid interlocutors in the present. Such 'expulsion out of present' also implied an 'emptying of time' (Adam & Groves, 2007) in their territories – that is, the various histories shaping those lands were ignored to render them exploitable and thus accompany, justify and reinforce the colonialist enterprise.

Likewise, Adam & Groves talk about the emptying of time in industrial capitalism tied to narratives of progress. The idea is that, the ideal of progress detaches the future from contexts and traditions; the future is thus *emptied* as a space that can be calculated, exploited and colonised. The ideal of future in narratives of progress goes, "[i]t is ours to

forge and to shape to our will, ours to colonise with treasured belief systems and techno-scientific products of our mind, ours to traverse, ours for the taking" (Adam & Groves, 2007, p. 14). Action is detached of responsibility, Adam and Groves argue, because the future is open to endless possibilities (Adam & Groves, 2007) in a movement where the past is also unrooted from the concrete pasts and histories (see also, Luhmann, 1976). Furthermore, the emptying of time not only influences what colonisers can do in the territories but also the temporal infrastructures of the people living there are reconfigured. The hacienda is a good example; in it, people had to reconfigure their space and the way they had related to their traditional practices. In connection to Adam's reflection on timescapes (Adam, 1998), when the practices that connect people to their lands are violently changed, their capacity to respond to the contingency in those lands is at risk precisely because the materialised pasts that connect people to their territories through their practices is altered. This, for instance, was evident with the disarticulation of the Hacienda because those traditional practices of interchange that had been connecting families across the different ecological floors were suddenly transformed.

In sum, the emptying of time happens with the erasure of people, their cultures and histories, to transform their territories into emptied landscapes and 'natural resources' available for exploitation (Adam & Groves, 2007; Haraway, 1992). Haraway also refers to practices of emptying and decontextualizing tied to forms of domination; she mentions, for instance, how the idea of a 'wild nature' has been shaped by colonising endeavours. For instance, in the Amazon, as she explains,

> Only after the dense indigenous populations-numbering from six to twelve million in 1492-had been sickened, enslaved, killed, and otherwise displaced from along the rivers could Europeans represent Amazonia as "empty" of culture, as "nature," or, in later terms, as a purely "biological" entity. (Haraway, 1992, p. 309)

The Amazon in this example is not the territory of the various Amazonian peoples but rather an idealised version of an emptied nature. Such decontextualisation thus means rendering invisible their lived experiences, histories, trajectories and temporalities that shaped those territories. Again, and this is key, it also implies the reconfiguration of temporalities under a different order, which is vital to address for the purpose of contesting detemporalisation. In other words, if detemporalisation occurs when something is abstracted from the dynamic being-becoming (Adam, 2009), then building a counter-narrative of how colonisation configured time is not enough. The temporal

structures of uneven lived experiences of time (Sharma, 2013, 2014b) need to be addressed. Hence, more empirical studies exploring the temporal configurations that challenge detemporalised approaches are needed, and this thesis seeks to contribute to that matter.

Indeed, as noted at the beginning of this chapter, detemporalised stories can help perpetuate current situations of oppression by projecting the same power relations into the future – and is in part why I have considered important to recount the brief history above. Instead, the idea here is to generate care in a way that acknowledges past-present-future working together and the possibility for different relations (Haraway, 2016; Puig de la Bellacasa, 2017). The idea of questioning and re-imagining how we live together in this world whilst appreciating the temporal emergence of the present from the past into the future (Mead, 1959)is one of the crucial features this thesis draws from feminist and time studies on the one hand, and on the other, from the practices of care I follow. I defend across the thesis that the practices of care this research examines, although not necessarily representing an alternative out of the system or a possibility to escape from it, actively reproduce a set of values that allow imagining different ways of 'being-becoming' (Adam 2009) together. Although the practices of care which are the focus on this research exist within industrial capitalist, colonial and patriarchal systems, responding and attending to beings and relations within those systems, they also raise the question of whether we can practice 'better ways' of relating to the past. That is, might there be practices of care that that could offer more or different possibilities of imagining, enacting and nourishing pasts that are capable of opening better presents and futures for all of us in the present, particularly for the carers themselves. The thesis does not provide a simple answer to this question, nor does it aim to give the last word about caring for the past, but instead highlights the importance of at least asking that question and recognises the labour of people who make that question even possible.

The following section draws a line to differentiate between social time and history to outline thereafter the basic elements of this thesis' conceptualisation of time and briefly how time itself is connected to the matter of care in this research in general. Feminist studies of care have used various temporal lenses to discuss practices of care. For instance, they have used different historical analyses to question how practices of care have been maintained and continued by some groups of people in particular power relations throughout different generations, i.e., black, third-world, migrant, rural women and men (Federici, 2004; Hill Collins, 2000, 2004; Tronto, 1993). In a similar manner, an

important tool that has helped feminist studies to make visible the work of carers - particularly Marxist-feminist studies - has been the time-use questionnaires in which the workload of carers is made more evident. Nonetheless, there are also other ways to explore the connection to time in practices of care, which are different from historical readings and quantitative tools such as the time-use questionnaire, from which studies of care can benefit. I explore in this thesis one of these possibilities by asking how the past, present and future are shaped in and through these practices and what this can tell us about care and the work of carers in our societies. To explain this further, I delimit this thesis' temporal approach to contest the detemporalisation determining how 'traditional practices' have been configured in opposition to the changing dynamics of present and future. For this purpose, I draw on the work of scholars that I have divided into two broad groups. The first group is from a more classical sociological tradition, and they will help me distinguish social time from historical time. The second group of scholars is grouped under what Paul Huebener calls "Critical time-studies" (Huebener, 2015, p. 14) and they refer to more contemporary social studies focusing on the politics of time from a multidisciplinary perspective. Together, these two broad groups of time scholars help to delineate the ways in which time is used as an important way of framing - and indeed seeing - some of the practices of care that take place in Ecuador today.

1.3.2. Past in social theory

There are some exhaustive revisions on the discussion of time in social theory, such as Barbara Adam's (1990) book, *Time and Social Theory*, and in a smaller scale, Jiri Subtr (2001) article, *The problem of time from the perspective of the Social Sciences*. It is not within the scope of this work to follow such attempts of an exhaustive revision, but rather to draw a context to set some general principles delimiting the notion of time, particularly of past, this thesis uses. Accordingly, I present two general notions upon which the past is theorised in social sciences, namely, *objectification* and *memory.* I take from these notions some general ideas as well as signalling some limitations that will be addressed in the two following sections.

First, *objectification*. There is an established practice within Sociology to examine the contingency of social institutions by showing their origins and processes of formation. To be clear, what I mean here about the notion of 'contingency' is that the things, relations and institutions that we experience every day are part of complex social dynamics stabilised through time. Following this line of thought, individuals are born into an ever more complex social world that could not exist by virtue of single individuals or

even within a single person's lifetime; conversely, the social world emerges dynamically through many years of generational succession. Time, in this sense, is more than a sequence of events; the focus is on the construction of meaning in the present, which is always *contingent* (and emergent from the past, becoming the present).

Thus, when talking about the historical aspect of some phenomenon, we are referring to a specific context or circumstances in which the phenomenon unfolds. This is what Sayer would call an empirical question, which is vital to situate our studies (Sayer, 2000). Nonetheless, the temporal question regarding contingency relates to an ontological aspect of the social involving change as well as continuity. Historical accounts, although referring to time, can reproduce static images of society, as Adam argues referring to historical facts, "facts can be facts only after they have been detemporalized" (Adam, 2009, p. 17). Addressing contingency, on the contrary, implies dealing with a dynamic quality of the social.

The past is understood in this way as a process of objectification (Bourdieu, 1990) or institutionalisation (Berger & Luckmann, 1991). That is, ways in which past knowledge is contained in technologies and institutions that shape our social interactions. Take for example a simple everyday technology like the oven. The oven contains tremendous knowledge related to cooking and the controlled use of fire and temperature, plus the multiple technologies and techniques used in the materials used to build the oven itself. Nonetheless, when we use an oven we do not have to re-learn every knowledge that made that technology possible because that past knowledge is objectified within it. The same happens with social institutions – as Corsaro argues, we navigate the world, individually and collectively, through a nexus of family-related, economic and educational institutions that coalesce through time and space (Corsaro, 2017), driving social relations, power structures and negotiations that are and are not observable at first sight.

There are different concepts capturing this idea of the past as a kind of 'objectification'. For instance, *stocks of knowledge*, which refer to the collective knowledge and social rules that individuals internalise over time (Berek, 2016; Leonhard, 2016; Rosenthal, 2016). Similarly, the notion of *context*, or how the present becomes part of the social and cultural context, in particular, events, practices, places, etc. (Kabalek, 2016; Mead, 1959). Also, the notion of *sedimented experiences*, which are not just internalisations of something that pre-exists, but also experiences that get sedimented through the repetition of interactions with different institutions and among different

actors (Gudehus, 2016). In a way, what institutionalisation, sedimented experiences or stock of knowledges do, as Esposito (2016) and Gudehus (2016) both argue, albeit in different ways, is to act as mechanisms to allow forgetting to happen because, in part, we cannot, nor do we have to remember everything every time (Esposito, 2016; Gudehus, 2016).

Authors in other fields refer to this relation to the past as 'cumulative culture' (see, Tomasello, 2001; Tennie, Call and Tomasello, 2009; Lehmann, Feldman and Kaeuffer, 2010; Tomasello and Moll, 2010; Odling-Smee and Laland, 2011; O'Brien and Laland, 2012; Dean *et al.*, 2014; Nielsen *et al.*, 2014). Simply put, and perhaps somewhat crudely, the idea of the past as 'cumulative culture' refers to the idea that our bodies, technologies, institutions, contain pasts that we individually or collectively forget and which allow us to create new memories, and more importantly, ever more complex socio-technical assemblages. In other words, cumulative culture as it is used in this research is what Berger & Luckmann (1991) refer to as the 'economy of time and social resources': not every new generation has to re-learn all the knowledge that make its existence possible. Likewise, Bourdieu's paradigmatic concept of habitus is another excellent example: "[t]he habitus - embodied history, internalized as a second nature and so forgotten as history - is the active presence of the whole past of which it is the product" (Bourdieu, 1990, p. 56). The point I am getting at is that cumulative culture is embodied and quintessentially temporal.

In a similar way, the Hungarian sociologist Karl Mannheim, draws on the notion of class ideology and applies it to an analysis of generations (Aboim & Vasconcelos, 2013; Mannheim, 1952). Mannheim differentiates generations understood as age groups coexisting at the same time, from generations understood as collective and active political identities, or 'actual generations' (Mannheim, 1952). He distinguishes the potentialities of every generation, from the actual realization of such potentialities and relates the frequency of such realizations to the tempo of social change. Echoing in this way the idea of class-consciousness in Marxism in which there is a kind of 'objectified knowledge' which we can access through a process of awareness or consciousness, and which could potentially lead to social change (see, Lukács, 1971).

The sociological idea of the past as it is used here is different from a historical perspective of the past, mainly because the onus goes beyond a sequence or narrative of past events. This may be unfairly summarising what a historical perspective might typically

entail and whilst I do not mean to do injustice to the discipline of History, what I am stressing here by making the distinction between a sociological and historical approach to the past is that the past is not directly nor only concerned with historical facts. Instead, the past as it is used in this research focusses on the construction of meaning in the present, which sociologists has used to understand the configuration of social classes (Marx), generations (Mannheim, 1952) or gender (Bourdieu, 2001), to name but a few possible social phenomena.

The fundamental aspect here is that the focus is on the readjustment of the past in the present. The idea of objectified past relates to an ontological question regarding the contingency and emergence of the social, its continuities and changes. Accordingly, in this thesis, I will draw on this general sociological conception of the past as it becomes meaningful in the practice of carers in the present. For instance, in Chapter Five, I will be talking about the connection of traditional midwifery in Otavalo to a colonial past of discrimination as far as it shapes the process of integration into the national health system in the present. My argument does not aim to illustrate how or to what extent they are or are not part of colonial history in general, but rather my point is, more precisely, how specific pasts – some related to colonial structures of power - are enacted in different circumstances and shape their practices of care in the present.

The idea taken from these authors that the past configures the present construction of meaning is very useful for my analysis and helps to address detemporalisation, because the past is read as interweaving and shaping the present. However, I argue that the logic of care in the practices I follow illustrates a different form of relationship with the past that the ideas surrounding the notion of objectification of the past do not fully encompass. Let me elaborate further. Based on the fieldwork conducted in this research, and subsequently a key element of the thesis overall, my view is that traditional practices of care engage with the past in a manner that is not an 'unconscious' repetition of habits and traditions, nor is it always a rational choice per se. For instance, in Chapters Four and Five, I discuss a connection of the carers in this research to the past through the idea of *intuition*. That is, midwives talk about 'intuitive knowledge' in terms of affective connection (further examined in the following discussion on embodiment) with their ancestors – for instance, their grandparents. More precisely, their practice of traditional midwifery is not a repetition of their ancestors' teachings but rather an embodied trust in an ancestral knowledge that manifests in multiple ways because they share a knowledge that is embedded in their surroundings. Although often

embedded in power structures that will be further discussed in Chapter Two, in many cases, the traditions of old generations do not only 'weigh upon their shoulders', but midwives and farmers actively take care of the traditions while opening new possibilities for their practice, and by doing so they generate the potential to transform the present conditions of those of whom they take care. In other words, this thesis argues that there are pasts embedded in carers' territories with which they decide to engage, interact and respond to, continuing and maintaining vital connections to the past across time and space that help them nourish and indeed care for different beings.

As it will be discussed in the next chapter through the conceptualisation of care, tradition in practices of care is not only inherited and repeated but actively *cared for,* transformed and adjusted to different presents to which the practice responds. This idea of the past being 'cared for' is a key element of this thesis and is worth elaborating a little further. That is, within the logic of care as it is used in this research, what matters is always what works for the present moment. Care requires attention and awareness to the present moment in which multiple pasts appear in different forms. This differs from historical accounts of the past, not only in a conceptual manner but also empirically because in their practice, carers are attentive to the past, constantly interacting with it. So, on the one hand, I define the past within a sociological framework and yet still relate the stories to larger historical contexts as far as they become meaningful within those stories. On the other hand, I talk about a 'past multiple' and about agency within localised situated stories, instead of referring to more general social dynamics as in the so far revised theoretical accounts, i.e., Marx, Mead, Bourdieu, and Mannheim. To do this, I do not refer to objectification or institutionalisation but to a shared, embodied and embedded past – a past that is arguably embedded within practices of care in the present. The main reason for framing the past in this way is because this is what has come out of the fieldwork. As we will see in the later empirical chapters, the practices of care that I highlight in this thesis illustrate, albeit, in different ways, how the past manifests itself in multiple and diverse ways in the present *through and in* practices that are simultaneously past and present and yet distinct.

Now, the second notion that conceptualises our relation to the past in social studies is the notion of *memory*. Memory has been studied by a huge interdisciplinary scholarship and has also been a fundamental lens in social studies through which it is possible to explore our relationship to the past from a sociological perspective. When talking about memory, the work of the French sociologist Maurice Halbwachs (1992) is a

common reference because of his theorisation of *collective memory,* which this research also takes as a point of departure. Halbwachs was not the first to address memory as a sociological problem, but, before him, memory did not tend to be an explicitly central topic within the field of sociology. That is to say, although the concept of memory was certainly implicit in the work of many thinkers, as Emile Durkheim, Max Weber and even Karl Marx, they did not address memory explicitly as the critical focus of their theories. Hallbawchs on the other hand, concentrated on memory and made an important distinction between history and memory to analyse the past. While the notion of 'history' tends to correspond in his theory to an institutionalised practice done by experts (Rosenthal, 2016), 'collective memory' as Halbwachs' uses it, refers to the shared memories of a given group in the present. Within the understanding of collective memory, the past is re-enacted and becomes meaningful within the collective, as opposed to dealing with a historical "dead past" (Narvaez, 2006, p. 54). In other words, collective memory is the form through which different social groups connect with each other through shared meaningful pasts. Moreover, collective memory is within this context a relationship with the past where specific forms of social identity are maintained and adjusted, and also within which new members are socialised and integrated (Zerubavel, 2004).

Regarding this last point, I do not focus on collective identity connected to memory. It is true that some scholars have proposed to theorise social memory instead of collective memory to go beyond the focus on identity towards more systemic readings of the function of memory in society, abstracted from particular groups (Esposito, 2010, 2016; Olick & Robbins, 1998; Sebald & Wagle, 2016). However, I do not draw attention to the systemic function of memory, nor do I address a general societal dynamic (Esposito, 2010, 2016; Olick & Robbins, 1998; Sebald & Wagle, 2016). Instead, I analyse the materiality of the past through an empirical case that follows the work of carers in maintaining their connection to the past. More specifically, I focus on the agency of carers within the reproduction of their practices in connection to their past, which allows me to address the responses of the carers to contingent problems and circumstances by following how things are done in and through practice. In other words, my point of departure are the practices in their different contexts and the role and agency of carers within them, practices from which contingent identities in connection to a shared past certainly emerge, but are not assumed a priori.

The crucial matter I draw from Halbawchs' notion of collective memory, as well as from other authors after him (for instance, Assman, 2015; Berek, 2016; Kabalek, 2016; Rosenthal, 2016; Zerubavel, 2004), and one which drives this research overall, is that the past in collective memory is actualised and enacted in particular situated contexts instead of abstracted in a linear narrative. This idea of a shared memory embedded in particular contexts is crucial for the analysis of the carers in traditional midwifery and agroecology this thesis follows. Moreover, to go beyond the focus on collective identity in the reproduction of memory, the next section discusses the notion of *embodied memory*. This notion will allow me to frame the active role of the body in the carers' connection to the past and surpass some obstructing dualisms like nature/culture and social/individual, which can rest as underlying assumptions in the notions of objectified past and collective memory, as I will now discuss.

1.3.3. Embodiment and multiplicity

This thesis, studies care and caring for the past as a practice; practice, which in the words of Mol, is considered to be something that can be done or left undone (Mol, 2008). I thus examine how care is done in the daily activities and practicalities of midwifery and farming through the stories of the carers composing the case study. Moreover, following Michelle Bastian, I read agency within the practices as the situated power to respond to specific situations and distributed and extended in different people, technologies and infrastructures (Bastian, 2009). Chapters Four to Six explore the practices of care ethnographically, arguing that agency is embodied and embedded in the interaction of carers with plants, animals, and their ancestors through their practice. In this sense, on the one hand, I use the notion of embodiment to engage with situated practices embodied in different stories, but also, on the other hand, embodiment is used to address the affective involvement of the carers in practice and the active role of the body shaping their practices. Mainly, I develop in this section the notion of embodiment through the concept of enactive cognition, which will help me frame the practices as enacting and manipulating a past multiple.

Famously, in her study on the Body Multiple (Mol, 2002), Mol uses the concept of 'enaction' to deploy her theory of an ontology-multiple. In her study, she follows how atherosclerosis is 'done' in a hospital through different socio-technical practices, ranging from the use of the microscope and x-rays to the bodily experience of the patient. Mol studies knowledge, not in terms of how subjects know an object from different perspectives, but rather how the object is enacted through different practices (Mol,

2002); in this way, for Mol, 'knowing is enacting a world' (Maturana & Varela, 1990). She convincingly shows the multiplicity – and embeddedness – of the body with atherosclerosis. So, for instance, the body with atherosclerosis is enacted in the doctor's office via the interaction of the patient with the doctor, through the mapping of symptoms and the elaboration of evaluations; the same body is enacted differently through the X rays or under a microscope in the laboratory. It is not that the same body is observed from different perspectives but rather that, the disease is known, and thus done, differently throughout those different practices.

In a similar manner to Mol's work on atherosclerosis, this thesis does not seek to illustrate different ways of interpreting the past but different ways of relating to it, manipulating it, and showing that each way brings forward a particular form of the world. In the words of Mol:

> If practices are foregrounded there is no longer a single passive object in the middle, waiting to be seen from the point of view of seemingly endless series of perspectives. Instead, objects come into being – and disappear – with the practices in which they are manipulated. (Mol, 2002, p. 5)

This means that the multiplicity is not located in the different points of view of one singular object, but rather the multiplicity is enacted through different practices and across different localities.

Nonetheless, and importantly with respect to the work in this research, I extend Mol´s reflections based on the fieldwork performed for this research. I argue that the multiplicity extends not only spatially (throughout the different socio-technical practices within a hospital, as Mol analyses), but also *temporally* through practices that connect the carers with past generations where they readjust their intergenerational memory. Mol constructed her case in a setting where detemporalisation did not seem to be problematic. However, outside of that hospital in a small town in the Netherlands, particularly in the territories where the practices I follow unfold, detemporalisation is problematic because it fails to see and convey the multiplicity of traditional practices that are commonly portrayed as static, monolithic customs. To defend this thesis of multiple temporalities, I go back to the notion of enactive cognition that Mol uses in her study.

To talk about embodied cognition, I start by defending the simple thesis that bodies matter in practices of care and in our connection to the past. I do this by

introducing first a rather complex notion of embodied cognition, i.e. *enactive cognition* – more on this shortly. I chose this path of delimitation instead of talking about embodiment in terms of objectified knowledge in the body as discussed in the previous section, in order to emphasize the body's active role in cognition. This notion of embodied memory that I will be using throughout the thesis allows me to illustrate processes in which the carers construct meaning in the present through sensorial, affective connections to the past. For instance, we see the notion of embodied memory and enactive cognition come to the foreground in the later chapters, when we hear about midwives speaking about how they learn to trust their instincts or when they identified, during our conversations, compassion towards the people in need as the most crucial element to be learned from their ancestors. On the one hand, then, the embodied experience of the carers matters and connects them to their ancestors. On the other hand, the bodies with which the practices of care interact are not bare nude bodies; they are specific and meaningful (Mol, 2008). Practices of care highlight the specificity of individuals since they imply a relation that cannot be anonymous; the practice responds creatively to each concrete context and every specific individual involved.

Allow me to say here more about the notion of enactive cognition, as it will come to play a key part in how I interpret the carers' stories in the later empirical chapters. The notion of enactive cognition was initially proposed by the Chilean biologists Humberto Maturana and Francisco Varela (Maturana & Varela, 1990). I do not engage here in an exhaustive literature review of enactivism or embodied cognition. Instead, I merely seek to use some of the foundational definitions of enactivism adapting them to a social setting and the discussion on care and the complementary notion of *multiplicity* from Mol. This will help me challenge one underlying assumption that tends to travel unnoticed in some conceptions of memory. Namely, the assumption of the existence of two poles forming social or collective memory, one biological pole and one social pole. In contrast to this assumption, and based on their empirical research on the biological basis of cognition, Maturana and Varela laid out the simple yet powerful principle that states that every form of cognition entails a doing and every doing is an act of cognition itself: "every form of cognition brings forward a world", they wrote (Maturana and Varela, 1990, p. 13, my translation). The idea is that there is not an external world we passively perceive through our senses and afterwards interpret in our minds, or somehow make sense of, but rather the world appears to organisms in the process of making sense of it as a bodily act of cognition. The forms in which the body relates to its environment are thus constitutive of

that world and of the organism. *Enacting a world* refers then to the act in which the organism "brings forth […] a world proper to the organism" (Varela, 1991, p. 173).

The enactive cognition paradigm challenges, in this way, the more classical representationalist notion of cognition conceived as an abstract process centred in the mind that disregards the active role of the body and its specificities. I argue here that this notion of cognition as representation tends to relate to the notion of 'socialisation', and the related ideas of embodiment as corporisation of social norms, habits and traditions. They have in common the assumption of a divide between the body and the social or the mind. Instead, by drawing on reflections on enactive cognition, by *embodied memory,* I mean bodily experience of the past and a bodily construction of meaning (Colombetti, 2017; Colombetti & Krueger, 2015; Di Paolo, Rohde, & de Jaegher, 2010; Fuchs & de Jaegher, 2009). Again, the role of intuition in the practice of carers illustrates this more clearly. The world appears to the carers through particular bodily experiences they learn to trust. Midwives, for instance, narrate in Chapter Five the decisions they have made in the use of some plants relying on this bodily experience, rather than through a rational choice based on the information they had. Likewise, there is an emotional connection with their practice experienced through their relationship with their ancestors. As I discuss in Chapter Five, this emotional connection is not an inner state of the carers but an active dynamic interrelation shaping their practice (see, Candiotto, 2016).

There is a similar tension that separates the body and the mind in the way that memory has been framed in Sociology. For example, the notion of objectified past is often related to the idea of *socialisation* (Berger & Luckmann, 1991)since there is the common understanding that children are socialised into a world with a history they have to learn, negotiate and appropriate (as discused by James & Prout, 2015). An underlying assumption in this kind of conception, as Lee further illustrates referring to childhood studies, can be the idea that the biological processes are the constant and stable base upon which changing and contingent social processes happen (Lee, 2013). The term 'socialization' can thus suggest a progression going from the biological ('simple', 'given', 'static') to the social ('complex', 'dynamic'). This kind of approach to socialisation echoes and reproduces itself with an assumed nature-culture divide in which only one part has agency or power over the other, and ultimately people who are seen as more determined by nature than by culture/reason are deemed powerless, such as children and women (Bastian, 2009; Lee, 2013). Moreover, as Bastian argues, the 'natural' is commonly

represented as a detemporalised entity, and as it has been discussed, detemporalisation has run concurrently with colonising oppressive endeavours.

Thus, I do not work with a notion of embodiment understood as characterizing a socialised entity through time because it does not capture the subtleties involved in the practices of care that are the focus of this thesis. Instead, I argue that the construction and readjustment of embodied memory, i.e. carers' connection to the past, happens as a meaningful, embodied interaction (Fuchs & de Jaegher, 2009). In this sense, the fact that the farmers work not just any land but their ancestors' land, configures their relationship with that territory in a particular way. More precisely, I show in this research how the carers' training of their senses opens affordances that could be otherwise missed, both coming from the past in the form of their ancestors' knowledge and plants, as well as from the present, because they remain open and interested in learning new skills. The logic of care defining their practices, in the sense that they have to respond as best as they can to the needs in the present, opens up in this way both the past and the future in particular – caring – ways. Correspondingly, in the last section of this chapter I defend the contribution of empirical studies to the understanding of time as multiple, contingent and relational.

1.3.4. Critical time-studies

Finally, as I have stated, not only conceptual discussions and historical accounts are needed to counteract the detemporalisation of practices of care, but also importantly, more stories tied to the temporal dynamics of being-becoming are needed. In this regard, empirical studies of time have been of great inspiration for this thesis. Take, for instance, Judy Wajcman's critique of the use of the concept of '*acceleration'* in social theory to describe 'a general tendency' of society and social time (Wajcman, 2008). Wajcman's work demonstrates that many of the empirical claims about the lack of time and the pressure generated by an 'accelerated society' in relation to digital technologies are poorly evidenced with empirical studies. With her study, Wajcman shows a rather complicated and multiple relation to time in the use of digital technologies, which cannot be reduced to the idea of a generalized acceleration of life (Wajcman, 2008). In this same line, Sarah Sharma does an excellent job tracing the different temporalities intersecting in some emblematic social settings where time is significant for the individuals involved; she illustrates how the idea of a general accelerated pace and the parallel narratives of slow movements to contrast it, hide the multiple and uneven experiences of time in capitalism (Sharma, 2014b). In a different way, Pschetz, Bastian, & Speed, present some fascinating

examples of three temporal design interventions to show how temporal design can move away from a fast-slow approach, towards capturing different experiences of time and its social function of coordination (Pschetz, Bastian, & Speed, 2016). What has been more illuminating from this scholarship to explore in relation to care is the possibility to read time not only as multiple, contingent and relational, but also, very importantly, as 'uneven' (Sharma, 2013). Thus the naming of this line of work under Huebener's term of critical time-studies (Huebener, 2015).

Notably, I follow Bastian´s discussion around time and agency (Bastian, 2009) to explore the power structures in the relationships to past within the practices my study follows, which allows me to address not only oppressive structures but also the generative power of the carers. For Bastian, time "express collective understandings of how change happens and how the power to enact change is distributed" (Bastian, 2009, p. 99). In this sense, time is not only relational in the sense that it reproduces among a collective of people alike, but also in connection to different temporalities. Addressing the politics of time helps to account for "the interdependency of people's time" (Sharma, 2014a, p. 12), and the "interaction between different kinds of social times" (Bastian, 2019, p. 14), which is particularly relevant to analyse the politics of care and the distribution of responsibilities of care.

Care politics and time politics demand an account of the web of interconnections in the present while remaining open to imagining other possibilities, acknowledging the phenomena´s contingency within the dynamic of being-becoming and thus addressing detemporalisation. Finally, although less in the line of empirical cases, I want to acknowledge the inspiration from the extensive work of Barbara Adam around time and her call to study time more seriously. Although I have not classified her work within one group or the other, I use her reflections throughout the thesis. Particularly, as discussed so far, I draw on her discussion of detemporalisation and how it affects how we relate to the world (Adam, 1990, 1998, 2009; Adam & Groves, 2007).

During this chapter, my main objective has been to contextualize my research presenting the main concepts and issues that drive it. To sum up, I have identified a problem of detemporalisation attached to the practice (within colonial structures) and the conceptualisation of the practice of carers in traditional midwifery and agroecology. I have situated this problem within the histories of rural communities in Ecuador and related it with conceptual problems of decontextualisation and emptying of time or

detemporalisation (Adam & Groves, 2007; Haraway, 1992, 2004). In response to such detemporalisation, I have set out my approach to time in this thesis. The crucial characteristics I have described have been contingency, multiplicity, embodiment and relationality. I have argued that I will analyse how a shared past is embodied and embedded in the multiple practices of the carers and how their practice open a question about better ways of caring for the past. Finally, the chapter concludes with a general outline of the thesis.

1.4. Thesis outline

Overall, the thesis is comprised of seven chapters. The next chapter, Chapter Two, is a theoretical chapter and introduces the conceptual framework of care for the entire thesis, so as to set the theoretical scene of what is achieved and explored in this study. Thus, in Chapter Two, I explicate how I bring together social studies on time with feminist theory around care. Afterwards, Chapter Three discusses the methodology used to conduct the study, it also provides greater detail on my fieldwork and how I dealt with the challenges of conducting the investigation. Then, three empirical chapters follow. Chapter Four illustrates farmers' reproduction of their practices of care throughout the context of agroecological projects. Chapter Five discusses some elements of the practices of care in traditional midwifery connecting different beings and constructing significant meanings in their territories. Finally, Chapter Six explores how tradition is enacted in a different setting and how within this setting traditional midwifery is done differently.

The main question this thesis seeks to address is *how traditional practices of care relate to past while taking care and expanding the possibilities of action in the present.* There are two main sub-questions derived from this. First, how are the pasts to which the practice relates embodied and embedded within specific territories, bodies and stories? As we shall see, Chapter Four explores this question within the practices of agroecology, and Chapter Five explores it in relation to traditional midwifery. Chapter Six explores the second sub-question. That is, how the practices are enacted in contexts different from the usual sites of reproduction of the practice, and how power and agency are configured within those spaces? It explicitly follows a project of articulation of traditional midwives with a public hospital in the city of Otavalo. The chapter does not draw upon some ontological division between practices (biomedicine/traditional medicine) or places (hospital/communities) but highlights the complexity and multiplicity of the practice in different sites. Finally, Chapter Seven presents the conclusions, key contributions and limitations of the study.

Chapter II. Conceptual delimitation of care

2.1. Introduction

The discussion in Chapter One presented some of the historical contexts surrounding the living conditions of rural communities in Ecuador. It briefly highlighted how the dispute and control over resources going back to the onset of colonialism has shaped the local people's relationship to the land in rural areas. Within the colonial context, some families maintained and increased their economic power usually through the dispossession of peasants, indigenous and afro-descendants people from their lands along with the exploitation of their workforce; currently, these lands are used mainly for agro-industry and mineral extraction (Macaroff, 2018). Furthermore, the previous chapter presented the argument that these dynamics also shaped the way some critical agricultural knowledge connecting people to their lands was maintained and continued within a space of domestic production and care of the family within which women have played a crucial role. The chapter noted, in this regard, some prevailing circumstances among rural women, namely, the lack of access to resources and the uneven distribution of work, particularly of care labour. Nonetheless, while demographic studies on rural development in the region have helped to frame rural women's continuous situation of neglect (Bidegain & Calderón, 2018; CEPAL, 2014, 2018; Ortega, 2012; Srinivasan & Rodriguez, 2016), they are less effective in framing the *inter-generational* learning and coping strategies of the carers. That is to say, as briefly noted in the previous chapter, in the history of rural communities, less attention has been paid to the less linear process of taking care of the past while attending to the present needs within their practices of care.

To complement the initial exploration presented in Chapter One, this chapter brings to the forefront some of the nuances related to the conceptualisation of care that are illustrated later in the empirical chapters. The chapter presents the argument that the stories of the carers' relation to the past through their practices contest the *detemporalisation* affecting traditional practices of care. Nonetheless, it also presents the idea that there is not one single counter-narrative, but rather the complex politics of care and time intertwining various temporal structures. In line with this, the chapter discusses and defines the key notions of care that the previous chapter briefly mentioned. It locates the research within the scholar debates surrounding the politics of care in feminist studies while highlighting the rich intersections with the politics of time discussed in the previous chapter; connections that remain underexplored and to which this investigation aims to contribute. The main aim of the chapter is to develop an understanding of practices of

care and their connection to the past as *embodied*, *embedded* and *multiple*. At the same time, it provides descriptions of how my approach draws on current discussions on the subjects and how it differentiates from them.

In view of that, the chapter has the following order. The first section begins by engaging with scholarship on feminist studies to outline the notion of *care;* this section is followed by a discussion about the politics of care. The aim of these two sections is to engage with the debates about power structures and the different forms of agency shaping the practices of care. Accordingly, defending the idea that we need to take care of the practices, infrastructures and interactions that the farmers and midwives maintain is a core feature of the approach to care underpinning the entire thesis. The thesis works with Tronto's basic definition of care as, "everything we do to maintain, continue and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web." (Tronto, 1993, p. 103). From there, the politics of care and their connection to the politics of time are developed. Thus, the following section connects the discussion presented in this chapter with the discussion related to colonialism and detemporalisation of the previous chapter. For this discussion, it brings forward conversations from Latin American communitarian feminism[3], especially drawing from the concepts of *long memory* and *depatriarchalisation of memory,* which allow me to connect the insights from the scholarship around care with the specific historical trajectories shaping Latin America and Ecuador. Finally, the last section brings together the discussions on care and time through the notion of *caring for the past*. By the end of the chapter, the definition of traditional practices of care in terms of dynamic practices characterized as caring for an embodied and materialised past while caring for a contingent present in specific territories should be clearer.

[3] Here I clarify that the tradition of communitarian feminism the thesis draws upon is distinct from the Anglo-American notion of communitarian political philosophy, of the likes of Alasdair MacIntyre, Michael Sandel, Charles Taylor and Michael Walzer (see, Bauman, 1996; Bell, 2005; Friedman, 1994; Mouffe, 1988; Mulhall et al., 1992). The thesis refers to a grass-roots movement of feminism in Latin America, which has nothing to do with the Anglo-American philosophical tradition. Communitarian feminism rethinks in their activism new ways of living together, drawing both from ancestral traditions that have been silenced by colonialism and patriarchy in Latin America, as well as creatively challenging traditional roles and divisions that oppress women (Alfaro, 2010; Pou, 2016).

2.2. Feminism(s) and the question of care

One of the ways in which I have related to theory in this thesis is by using a range of conceptual tools to approach and read my data. *Detemporalisation*, for instance, is a useful tool to describe the problematic readings that relate traditional practices of care to a static past. Nonetheless, the scholarship on care for this section felt more like a conversation among similar concerns I found in the literature and in the case study, i.e. between some of the insights generated by feminist studies around care and the forms of knowledge that the carers – midwives and farmers – displayed in their practices. For instace, the interest in feminist studies to work out different ways of living together in this world while thinking and nurturing the differences (Anzaldúa, 1987; Firestone, 1970; Irigaray, 2017; Lorde, 2012) resonated with the practices of care I followed. Furthermore, although feminist studies' concerned with care (such as, for example, Aguirre, Batthyány, Genta, & Perrotta, 2014; Dalla Costa, 1996, 2006; Federici, 2018; Weeks, 2007) often has to do with the unequal distribution and neglect of the labour of care, they bring to the discussion more than the demonstration of the precariousness of the bodies doing care labour. The feminist studies that resonated with the practices in this study seek to challenge oppressive dualisms such as male/female, nature/culture, and encourage creative forms of nourishing the multiplicity outside dualisms. As a broad field, and whilst not meaning to suggest an homogenous body of scholarship, feminist studies (such as, Haraway, 1988; Puig de la Bellacasa, 2017; Tronto, 1993) have often narrated stories of neglected bodies, female and not, but while doing so, they have also challenged and reimagined their own practice in the production of knowledge, thereby opening ethical questions regarding the accountability and responsibility of the production of knowledge and aligning themselves with the practices of caring and nourishing different forms of relationships.

In the same line, the case study opens up questions regarding care and neglect, responsibility and justice, which I have kept grounded to the embodied stories of the carers and the practicalities of their labour. In doing so, I follow feminist reflexions about the mundane (see, Puig de la Bellacasa, 2017; Tronto, 1993) as a way of thinking and reimagining ethics. Importantly, I also bring attention to the domestic and the mundane, within which much of the care labour has been reproduced, not only to indicate difficulties but also to find inspiration. By reflecting on the production of knowledge feminist studies have developed crucial discussions about how to live better together in this world by paying attention to mundane and neglected objects of study (Haraway,

2008; Puig de la Bellacasa, 2017)(Haraway, 2008). Indeed, Tronto situates the ethical reflexion on care away from a dominant moral philosophy that is mainly intellectualist, individualist and impersonal. Instead, she argues, caring implies a on-going negotiation among people, which is open to uncertainty and learning in the process as it deals with contingent problems and bodies. Much of the ethical commitment in practices of care, Tronto argues, is about repairing moral damage within power structures, or in words of Puig de la Bellacasa, 'encouraging care' towards neglected aspects of the world (Puig de la Bellacasa, 2011; Tronto, 1993). The questions then, regarding care, neglect, responsibility and justice are relationally interweaved within situated practices and not abstracted from them; this way of approaching care relationally through situated practices also connects to Adam and Groves' preoccupation regarding the separation between ethics and action, presented in the introduction of this thesis (Adam & Groves, 2007), and to Mol's praxiographic approach[4] (Mol, 2002). In short, power, ethics and agency are read through the enaction of the practices highlighting how practices of care connect action, knowledge and ethics in a way that can open more possibilities to counteract oppressive forms of detemporalisation.

Yet again, an essential 'ethical doing' (Puig de la Bellacasa, 2017) within feminist studies of care, and one which is also adhere to in this research, is making visible the power structures within which 'ethical doing' is reproduced. Although care may sound like a positive value and a loving activity, many feminist authors have warned that care also reproduces, and functions within, oppressive dynamics (Murphy, 2015; Salazar Parreñas, 2015; Tronto, 2007). In this sense, the valorisation of care as a life-sustaining activity, which at the same time, reproduces within and through oppressive structures, has had feminist scholars exploring the topic from many different angles. Discussions range from the visibility and valorisation of women's care-work (Bakker, 2007; Dalla Costa, 1996,

[4] I acknowledge the vast body of work regarding practice theory (Caldwell, 2012; Cetina, Schatzki, & Von Savigny, 2005; T. Schatzki, 2016; T. R. Schatzki, 2012). In fact, I follow Bourdieu's general approach to practice theory (Bourdieu, 1990), particularly in his analysis of the practice of the researcher (see page 58 in this thesis). However, instead of entering the debates in practice theory, I have chosen to frame my approach to practices within feminist's discussions on standpoints and the production of knowledges (see Chapter 3). The reason for this choice is that feminist standpoints resonated more closely to the practices of care my research studies. Broadly, the thesis' approach to practices is mainly based on a) Mol's proposal of 'following practices' (Mol, 2002), connected to the ideas of how practices 'enact a world' (Maturana & Varela, 1990), and her notion of multiplicity, as I have discussed so far; b) a feminist-political reading on the production of knowledge (Harding, 2004; Stengers, 2005), and c) the understanding of feminist practices of knowledge as practices of care (Puig de la Bellacasa, 2017).

2006; England & Folbre, 1999; Federici, 2018; Weeks, 2007); to challenging the scientific construction of knowledge, which is abstracted from mundane – including caring – practices (Haraway, 2004; Harding, 2004; Rose, 2004), and exploring the politics and ethics of care in different practices (Mol, 2008; Puig de la Bellacasa, 2011; Tronto, 1993). In a broad sense, feminist scholarship challenges the naturalisation of specific roles and practices in specific bodies, namely practices of care and domestic labour, while denouncing its reproduction under precarious conditions and reclaiming these practices´ worth.

Now, one of the key debates in feminist studies around practices of care has been introduced by intersectional readings that make visible the differences among female embodied experiences (Duffy, 2007; Hill Collins, 2000, 2007; Raghuram, 2016; Roberts, 2012; Salazar Parreñas, 2015; Schwartz, 2014). One of the classic divisions that theories of care challenge is the division between public and private spheres. Whereas the public space associated to men is articulated to the market, to a salary and to political platforms, it is argued, the private space has been constructed as a female space defined by unpaid work that is not articulated to a market or to political decisions (Federici, 2018; Tronto, 1993). Within this perspective, a particular view of the family is reproduced in which, typically, we assume that the man goes out to work, and the woman remains in the care of the home, ignoring, nonetheless, the work of many working-class women, migrant, black and indigenous women, who work in the private space of domestic labour. Patricia Hill Collins documents in this regards the connection of African-American women with care labour in the USA; she explains:

> If one assumes that real men work and real women take care of families, then African-Americans suffer from deficient ideas concerning gender. In particular, Black women become less "feminine," because they work outside the home, work for pay and thus compete with men, and their work takes them away from their children. (Hill Collins, 2000, p. 47)

Hill Collins challenges in this way conceptions of work and family reproduced within feminist studies of care labour that conceptualise domestic work as unpaid labour (for instance, Federici, 2018) by showing how the labour of care in African-American families has not been antagonist with an economic contribution. Indeed, she discusses how, during slavery, white women condemned black women who decided to stay home taking

care of their children because they thought they were trying to enjoy their white privilege as housewives (Hill Collins, 2000).

In line with this critique, to define care in this thesis, I started by asking who the carers are. As briefly discussed in the Introduction, the labour of care of women in rural areas has been tied to the care not only of their families but of other families too, as well as it has been defined by the dispossession of land and the incorporation of peasant workforce to the labour market in agro industrial and extractive projects. The discussion about the power structures within care is relevant to contextualise the case study because the two practices are reproduced by rural women with specific embodied experiences and trajectories. That is, experiences that are different from women in the city, middle and upper class women and/or women who have the privilege of living as non-indigenous and non-black within a colonial society shaped by racism.

To explain this further, I use Rita Segato' s work about the labour of care tied to colonial structures in Latin America through the story of African-descendant wet nurses in colonial Brazil. Brazilian 'Black mothers of milk', as she calls them because they were in charge of breastfeeding the babies, created a bond of care and maternity through which they were intimate with the family but excluded from it at the same time (Segato, 2013). Moreover, Segato talks about a historical continuity of these roles in Brazil through the modern figures of the nanny and domestic servants, who are in great majority black women. Nonetheless, this has not been a phenomenon exclusive of colonised societies. Elisabeth Badinter famously demystifies the configuration of the domestic space by showing how care in France in the XVI and XVII centuries was not a family duty (Badinter, 1981). In fact, she tells, breastfeeding was humiliating, so aristocratic families had wet nurses (women of lower classes) who breastfed babies. However, in the middle classes, people were unable to afford a wet nurse in their homes, so they sent the children to live at the homes of wet nurses from where they returned years later, if they had survived (Badinter, 1981). Similarly, Laura Schwartz contests the inivisibilisation of domestic labour in the history of work in the United Kingdom, tracing the political participation of domestic workers at the beginning of the 20th century; she states: "the working class has been defined historically, using an industrial paradigm that excludes domestic labour in the private sphere" (Schwartz, 2014, p. 174). That is, because the image of the worker is conceptualised as existing mostly inside factories when in fact the working classes have been heavily composed by domestic workers (Schwartz, 2014). All these studies show that the power structures of care have not only separated men from women but also working-

class, black and indigenous women from privileged groups of women. Moreover, they show that the labour of care has not only been in hands of mothers and housewives but importantly in hands of slaves, servants and domestic workers in general.

There is a historical continuity of the division of care labour in the present, where working-class, migrant, black and indigenous women are disproportionally dedicated to cleaning, food service and housekeeping inside and outside the domestic space (Duffy, 2007; Hill Collins, 2000; Salazar Parreñas, 2015; Zajicek, Calasanti, & Summers, 2006). To explain this historical continuity, Dorothy Roberts introduces a second distinction to the classic private-public division, namely, the distinction between *spiritual care* and *menial housework* (Roberts, 1997). Roberts explains, "(w)hile the ideological opposition of home and work distinguishes men from women, the ideological distinction between spiritual and menial housework fosters inequality among women" (Roberts, 1997, p. 51). Mignon Duffy makes a similar distinction between *dirty work* and *nurturant care* (Duffy, 2007). Duffy's and Robertson's distinctions help to address the work in practices of care that is not always visible and which deals with illness, death, fluids and "dirt". Also, they help us understand that care practices are valued differently according to the type of care they perform. In this way, the work performed by a firefighter or a doctor, whose care practices are carried out within a visible and valued profession, certainly does not have the same status as the care work carried out by the people in charge of cleaning and maintaining the hospital or the fire station. The same applies to housewives and mothers who do the 'spiritual' or 'nurturant' care of the house while the servants do the 'dirty work'. In sum, the distinctions allow us to analyse how power relations are configured around different practices wherein determinants such as social class and racialization of bodies complicate a flat reading of the gender problem linked to care.

Nonetheless, it is essential to highlight that the distinctions that Duffy and Roberts introduce, also serve the purpose of making more visible the labour of care that is considered 'dirty' or 'menial' work; which is made invisible, as discussed so far, in the readings that situate care within the divisions of public/private, work/home. In other words, the so-called dirty or menial work also involves nurturant 'life-sustaining' care. Thus, making the power structures of care visible, opens up the possibility of analysing agency within power structures, illustrating the complexity of the labour that is reproduced and which goes beyond forced or coercive labour, involving also creative work and nurturant care. These distinctions are very useful in my analysis because, as we will see, the empirical chapters engage with much of the so call 'dirty' work carers do under

conditions of oppression while illustrating its nurturing, life-sustaining role within and beyond their territories. The next section analyses in more detail the politics of care and their connection to questions about justice and accountability to further delimit the importance of the practices of care examined in this thesis.

2.3. Politics of care

The carers, whose stories interweave this thesis, work through the contingency of life understanding the vulnerability and interdependency of the different beings that come into relation through their practice. Grounded on their practice and supported by feminist reflections, this thesis argues that valuing care requires acknowledging that the values of autonomy, independence and equality sustaining many of our political aspirations, such as in feminist movements, cannot cancel the recognition of our vulnerability, interdependence, difference and, ultimately, need of care (Mol, 2008; Tronto, 1993). From the perspective of a politics of care, a key question concerns what it means to work from a space of vulnerability, interdependence and differentiated needs. Moreover, although the idealisation of carers is tempting, feminist scholars argue that we need to figure out better ways of caring, valuing and distributing care while making justice to the people, their labour and knowledge; this balance is one that I also try to achieve in this research. In fact, as discussed in the previous section, historically, the work of care has been naturalised in specific roles and bodies in a detrimental way for those same bodies whose situations remain neglected. Accordingly, I do not talk about a superior morality immanent to care; it is assumed that there are good and bad practices of care (Mol, 2008; Tronto, 2010). Indeed, the important question I raise here relates to how to talk about care in the stories of the carers, beyond their labour of care. That is, how might we understand care not only as the work carers do to meet certain needs, but also how might we respond – or not - to the carers own needs, i.e. how and who cares – or not, for the carers.

To expand this discussion on the politics of care, I find Tronto's characterisation of different inter-related stages of care (Tronto, 1993, 2013a) very useful. The first stages she conceptualises correspond to the recognition of a need or needs and the response in practice to the recognized needs. Following Mol, in practice, responsibility is not only an abstract value but more precisely a capacity to respond, a set of tools, knowledge and procedures (Mol, 2008). In practice, that is, care is not only a series of good and positive values, but also a series of sophisticated practices that require complementary expertise. However, as care is an open-ended practice, it also requires that caregivers respond and

adapt to situations that they do not necessarily anticipate (Mol, 2008). Moreover, both Mol and Tronto highlight that, in practice, care is not a unidirectional action of the caregiver; receiving care is an intrinsic part of the process of care and involves the response of the person receiving the care in order to address how the practice is responding to the identified needs (Tronto, 2013). Mol describes this involvement in terms of a 'care team' who receive care and are an active part of that care (Mol, 2008). Yet, there is another stage that Tronto calls 'caring with', which concerns the distribution of care work and its connection to justice. In this sense, a transformative care ethic, she argues, not only recognizes a need in others – i.e. 'those in need of care' but also in us. And, if we recognise that, at different points in our lives, we all need care, we can value care as a life-sustaining practice that should not be taken for granted or neglected.

Furthermore such an ethics of care "seeks to expose how social and political institutions permit some to bear the burdens (and joys) of care and allow others to escape them" (Tronto, 2013, pp. 32–33). As Tronto argues, this notion intends to step away from the idea of care as an altruistic value for 'those in need of help'. Care in this sense can be thought of as a way of meeting the different needs in our society instead of leaving the categorisations of 'those in need of care' and 'those in charge of caring' untouched or unchanging. Anita Silvers illustrates in this regards how the 'naturalisation' of disabled people as a 'population in need' does not question how our societies are built around the needs of specific groups of people (in this case abled bodies) who then have to help or make room for those with 'special needs' (Silvers, 1995).

Similarly, Uma Narayan illustrates how the British Empire mobilised discourses of care to endorse the idea of an inferior subject in need of the colonisers (Narayan, 2019). She explains that colonialism was sold to the British people, especially women, as a discourse of care that aimed to bring Christianity and civilisation to the people of India. So, again, care is not so much assumed as an intrinsically positive value, but more as a possibility to open an ethical question regarding how are the different needs being met, which needs are met and which are not (Tronto, 1993). In this sense, it is fundamental to question what discourses of care mobilise – for example, what is good and bad care? - and what are the power structures that support them?

Tronto's concept of 'privileged irresponsibility' is another very useful tool that allows me to analyse the distribution of care in connection to broader concerns of justice (Tronto, 1993, 2007). The concept helps to understand the notion of responsibility in

relation to care as it examines how responsibility works in practice instead of just reflecting on how it should work. Tronto explains that a necessary quality of power is that it generates the possibility of avoiding responsibilities. That is, power generates the possibility of delegating care work to other people. However, this is not only reproduced at the individual level, within a family or an employment relationship, for instance, but at the structural level where there are certain groups of society whose needs are privileged over those of the rest, who in many cases are at the service of the privileged, as we discussed earlier. For example, Salazar Parreñas illustrates how in the globalisation of domestic work, the nation-states of what she calls the Global North do not protect the people doing much of the care labour for their citizens (Salazar Parreñas, 2015). Parreñas notes, for example, that there are many nations that benefit from informal work of migrants under very precarious conditions, or even outsourced work in the workers' countries of origin where labour is cheaper than within the northern nations' labour market. The issue, as Salazar Parreñas further explains, is that these workers, not being citizens of these northern countries, are not in the care of those states and their legislation. In other words, these nations have the power and thus the privilege of *not caring* for people who are, in reality, taking care of their citizens and their infrastructure. In this sense, a basic rule for public care policies, according to Parreñas and is also assumed in this research, would be to improve the working conditions and salaries of the people in charge of the care work, based on the recognition of the people who currently perform these jobs.

As we will see later, this discussion about the politics of care is relevant in the context of farmers and midwives, since their practices are not entirely articulated to a formal market through which they perceive a salary and benefits similar to that of any other worker. This will be illustrated in the empirical chapters discussing how they navigate different structures that are not adapted to meet their needs. This thesis does not answer the question of how much the labour of care of midwives and farmers contributes to the wellbeing of the population in general, but it does seek to draw attention to the life-sustaining webs they maintain while also asking, who cares for these carers? What is more, given that, historically, certain social groups have been in charge of caring and, above all, since they have long been at the service of the privileged needs of specific groups, an ethic of care cannot ignore the demands of justice of these groups, which refer to their needs based on the shared intergenerational experiences of dispossession of lands, contamination of their resources and violence over their bodies.

This means that we cannot presupose what is justice and care in every case, but ask, following Siddle Walker & Tompkins in their study of black segregated schools in the USA, what is the meaning of care for people who have been historically oppressed and denied justice (Siddle Walker & Tompkins, 2004). In this sense, although farmers and midwives do not apply a general solution for the different situations they encounter, but rather work out forms of responding to an ever-contingent present (Mol, 2002), they also have a strong commitment to something that goes beyond present needs. Justice is temporally expanded because their present practice is shared with past generations and their demands for land recovery, access to resources, sovereignty and the guarantee of rights.

Hence, three fundamental questions engaging with the stories of carers in the empirical chapters are as follows. First, what are the (temporal) structures of power in place and who the power to delegate and the privilege to exit or not respond (Sharma, 2017; Tronto, 1993, 2007)? Second, how might the feminist critique of the idea of a rational, autonomous actor open up the possibility to analyse emotional involvement/intuition through which the carers share their practice with their ancestors? And finally, how can the practice of 'caring with' be read in the relations of carers with human and not human beings in what Haraway calls a sympoiesis, i.e. "making-with, becoming-with, rather than self-making through appropriation of everything as resource" (Haraway, 2018, p. 68)? I also draw for this last question on Despret's conceptualisation of withness or being with (Despret, 2004) where the different bodies affect each other and become with each other in the practice. Finally, following the feminist tradition of thought of drawing inspiration from feminist activism, the next section connects the, so far, delineated notions of embodied practices of care with the practices of communitarian feminism in Latin America. These practices use the notion of long memory to build intergenerational solidarity and social justice with and for women across time. I use this example to open up the question of care and its connection to justice while providing a response to a potential *detemporalization* when referring to traditional practices.

2.5. Long memory

Many feminist reflections about care have emerged accompanying feminist political movements, in some cases demanding the recognition of domestic labour (Bakker, 2007; Dalla Costa, 2006; Federici, 2018), in others, developing practices of self-care through the collective construction of knowledges of their own bodies (Murphy, 2015; Rose, 2004); and importantly, demanding an intersectional reading of care that takes into account class

(Schwartz, 2012, 2014), racialization (Hill Collins, 2000, 2007; Murphy, 2015; Roberts, 1993, 1996, 2012), and the international division of labour (Boris & Salazar Parreñas, 2010; Hankivsky, 2014; Salazar Parreñas, 2015; Tronto, 2013; Zajicek et al., 2006). Typically, authors who refer to the international dimensions of care (e.g. Raghuram, 2016; Salazar Parreñas, 2015) show that, even though many feminist reflections around care began with embodied experiences of exclusion and naturalisation of women's lives and bodies in general, the diversity of embodied experiences of oppression have nevertheless tended to construct the idea of *a unique female experience*. Generally speaking, authors writing in this vein have reflected in different ways a concern for different groups of women, whose embodied experiences and knowledges have been ignored while their bodies have been objectified and naturalised for some specific roles, often under-valued, such as domestic labour.

These issues are visible also in the claims of Communitarian feminism[5] in Latin America (e.g. Cabnal, 2017; Galindo, 2018; Paredes, 2015) who endorse a memory that connects women, particularly indigenous, working-class and LGBTQ+ women, with their ancestors through a line of continuity of stories of care and oppression within their own communities. That is, a story different from other people with whom they share similar experiences of oppression, such as working-class, indigenous men, for instance, and from people outside of their communities such as men and women of more privileged groups. I take inspiration from them and bring to the discussion some of the contributions of Communitarian Feminism because they help me frame the practices of care I analyse relating them to specific situated pasts, where the particularity of the stories matters and their livelihoods are not anonymised into a more general history. This is what Nahuelpan Moreno, referring to the Mapuche peoples, calls 'the gray zones of histories', i.e. "everyday spaces in which complex social and intersubjective interactions develop as part of experiences of social suffering, ways of survival, resilience, and resistance" (Nahuelpan Moreno, 2013, p. 11). To achieve this, I also work with some ideas of the Argentinian thinker Rita Segato whose reading of the embodied experiences of colonialism

[5] Here I talk about communities replicating the language they use and making explicit that they do not refer only to rural communities but more precisely to the group of people with whom they identify and live together. In fact, communitarian feminism in Bolivia was born mainly as an urban and peri-urban movement in La Paz. Moreover, only one of the two main groups that resulted from this initial group remains identifying as 'comunitarian feminism'. Nonetheless, I keep the name to refer to them more broadly because in their own way they defend and practice the re-creation of different forms of 'community'.

complement the work of communitarian feminism in a way that will help me delineate my approach.

Communitarian feminism started as a grass-roots movement in Bolivia around the 1990s when different social movements conducted massive mobilizations demanding a radical change in the national political system. Nevertheless, communitarian feminism has spread out throughout the continent, especially to Central America and Mexico. The movement was mainly constituted by indigenous women, whose struggles revolved around colonialism as the central historical event that shaped their lives to the present day, but they distinguished themselves from ethnic essentialisms that defended the existence of a typified culture whereat the indigenous woman had to comply with specific roles. Indigenist movements in the region, they argued, had also silenced the multiplicity of women's experiences and many of them had not questioned the patriarchal, heteronormative system that also has pre-colonial roots (Galindo, 2018; Gallargo, 2014; Paredes, 2010, 2011). The movement in Bolivia has spread in different directions, having two visible heads. One section of the movement decided to support Evo Morales´ government (the first indigenous president of Bolivia), they identified as 'Mujeres Creando Comunidad' (see, Paredes, 2017). The other section became a movement that decided to remain out of the government following anarchists' principles; they are called 'Mujeres Creando' (Moraes, Patricio, & Roque, 2016). The two have different political standpoints, but both of them defend a memory of resistance and creative responses against the patriarchal and colonial system. They weave their activism to the experiences of their mothers and grandmothers as – mostly – indigenous women within a patriarchal and colonial system, defending a genealogy of feminism different from European and North American histories of feminism and women's struggles. Indeed, they question a colonial, universalist feminist genealogy that does not contemplate the struggles and creative responses from different times and places (Rubio, Bordi, Ortíz, & Muro, 2017; Ruiz Trejo, 2013). Likewise, they identify a "patriarchal alliance"[6] (Paredes, 2017, p. 5, my translation), where men in colonised territories, although also part of an oppressive system, have maintained privileges over women.

This thesis focuses on the idea of a long memory from this perspective, which starts from a basic premise. Colonial systems have defended the idea that the past is something you surpass, leave behind, progress from, develop, or evolve from (see,

[6] Originally in Spanish, 'entronque patriarchal".

Chapter One). Importantly for my argument, communitarian feminism has criticised this teleological narrative of progress and argued instead for the existence of many histories structuring modernity (located in the so-called "traditional societies"). Echoing some of the positionalities of communitarian feminism, the Argentinian thinker Rita Segato argues that colonialism still marks the present living conditions in Latin America. She uses the figure of the '*sign of colonialism'* to explain how that violence inaugurated by colonialism with the biologisation of inferiority and racialisation of bodies is actualised in the present upon the bodies who bare this sign. Segato talks about a sign of the colonial violence, which is read and acted upon specific bodies, i.e. indigenous and black bodies; that is, she argues, a sign of the defeated from whom we have learned to mark a distinction (Segato, 2010). Segato nonetheless questions the role of patriarchy within the colonial system and defends the multiplicity of experiences of oppression where women continue to be the most vulnerable group of society (Segato, 2007, 2010, 2013). In line with communitarian feminism, she argues that colonialism changed and shaped the patriarchal dynamics in Latin America, but it did not inaugurate patriarchy, nor it explains it completely.

The response of communitarian feminism to colonialism and the detemporalisation of their communities is first and foremost to situate their communities always in the present, always responding to different situations here and now (Paredes, 2010). In other words, one of the most radical acts they perform, they argue, is to reclaim their existence in the present while challenging the idea of one single desirable hegemonic present, i.e. 'modern western societies'. Communitarian feminism defends in this way the present as multiple, because it is happening simultaneously in multiple forms. Colonisation did not bring enlightenment, as Parades explains; the colonised territories had a history of their own. However, this also means that Communitarian feminism challenges the idea of one single counter-narrative coming from their communities, which has been sustained by many leaders in indigenous movements. Instead, they reclaim the recognition of the space within their communities where women are and have been actively constructing the world through their situated stories.

Correspondingly, the notion of *long memory* as it is thought in communitarian feminism challenges the impression of peoples as emptied of history, a vacuum within which colonial systems have ruled, but it also challenges the idea of one single counter-history. Julieta Paredes, of Mujeres Creando Comunidad, characterises the community as a body whose half, i.e. women, has been silenced and invisibilized and therefore the body cannot function in its full potential, she calls for "depatriarchalizing the memory"

(Paredes, 2011, p. 204) to repair and nurture that wounded half. One way of doing this is by recognising, reproducing, accompanying and valuing practices that have been continually undervalued. Mujeres Creando, for its part, does much of their work around prostitution, their famous motto is 'indias, putas y lesbianas juntas revueltas y hermanadas", roughly translated as*, indigenous women, whores and lesbians, together united in sorority* (Galindo, 2018). They present the clearest example of continuing and repairing a long memory outside the conventions of a nation or a homogenous culture, by building solidarity and a shared history within the stories that have been silenced in the grand narratives. In different ways, these movements are all challenging some historical narratives (colonial and patriarchal, as they call them) not by looking into alternative historical facts but actively engaging into neglected practices; seeking in the embodied experiences the healing of their peoples while reclaiming a space within the community that has been negated to them (Cabnal, 2017; Dorronso, 2013).

Furthermore, and importantly for the practices I analyse, Rubio et al. document a case in a community in Mexico, from a perspective of communitarian feminism, where women are revaluing the practice of traditional weaving (Rubio et al., 2017). They explore the difficulties women had, for example, sustaining the traditional weaving group through which they connected to an ancestral practice because men in their community were against them spending time away from home "neglecting their domestic duties". The experience narrated in their study echoes almost every experience of the women I interviewed and other similar experiences I have encountered (for instance, in the stories of traditional healers contained in the compilation by Leon, 2015). In this research, for the women, practising midwifery or participating in the agroecological projects implied rebelling against the will of their husbands, families and in some cases their communities. Moreover, this was an experience commonly shared with their mothers and grandmothers; many carers talked about how difficult it was to practice for their ancestors, particularly for women.

So, long memory in this sense is not just an act of recalling a memory stored in the mind of some people or in a general collective space, but one where they share a similar experience with their ancestors. In this way, the notion of long memory contests the detemporalisation of colonialism not only through a different understanding of history but also by actively connecting to the embodied experiences they share with their ancestors through dynamic practices in the present. So, again, social justice cannot be addressed only with abstract counter-narratives to colonialism, but also in part by

mobilising care to the situated stories of the carers connected through experiences of oppression, rebellion and creativity across time. As we see further in the next section, bringing together the notions of care and long memory to talk about traditional practices of care as caring for the past is key to this research and takes the scholarship on time and care a little further.

2.6. Caring for the past

One of the critical aspects highlighted by this thesis is that, in order to understand the temporalities involved in the practices of care, we need to acknowledge ways of relating to the past that attempt to avoid or go beyond disconnecting knowledge, action and ethics. I present in this regard the idea that traditional practices of care allow a different reading of our relation to the past. That is, traditional practices of care invite a relation wherein the past is multiple because it is not abstracted from its situatedness and locality; on the contrary, within the practices of care those embodied, particular connections to the past are actively nourished and cared for. In other words, we see in quite concrete terms which past knowledge, actions and ethics are deliberately preserved and adapted through traditional practices of care.

Hence, I propose the notion of caring for the past as a way of problematizing detemporalised understandings of past and tradition. One fundamental aspect that characterizes the practices of care I follow in this thesis is that memory or the connection to the past is actualised through the practice; it is not about a rememoration of the past, but rather a shared doing with past generations. Moreover, if colonisation is a form of forced decontextualisation, then nurturing a long memory is a form of finding and cultivating roots that can nourish and support the present. Accordingly, communitarian feminism does not defend past and tradition for the sake of continuing with a tradition; instead, they question traditions and find ways to relate to them that can be meaningful for their present. I take inspiration in communitarian feminism because these scholars (Cabnal, 2017; Galindo, 2018; Paredes, 2015) challenge the detemporalisation of their livelihoods in a colonial context by actively actualising, maintaining and repairing a long memory. This thesis argues that traditional midwives and farmers are doing something very similar by nourishing and healing their communities while taking care of the past. Thus, the thesis challenges the image of traditional practices as steadily repeating the past, by proposing an alternative image of an open and multiple past that generates new and unpredictable possibilities in the present, as will be discussed in length in Chapters Four to Six.

Additionally, communitarian feminism also illustrates the need for a shared space to reproduce a long memory and ensure care politics. When memory is shared not only inter-generationally but also among peers a different connection to the practice can be opened up, one where the carers are not isolated in their work and can have mutual recognition - something that in many cases they lack in the contexts of their families. Some of the collective spaces I visited during my fieldwork were spaces where the carers were encouraged to share their knowledge and experiences with each other. For instance, in Otavalo, not all of the midwives knew how to diagnose with guinea pigs (more on this in Chapter Five), but they had workshops where they learned from each other and shared their experiences applying those methods with the group. As we see in Chapter Five, the case of the diagnosis with guinea pig was and still is a specialised knowledge, but the midwives would also share more commonly-used knowledge, as the use and preparation of medicinal plants. Doña Lucy, for instance, one of the midwives I spoke to at some length for this research - knew how to read specific information from the placenta, which she learned from her grandmother; this was a skill I did not find in any other midwife, and she knew it was special. However, overall she had not much experience practising midwifery because she had not dedicated herself to it fulltime, so she could not remember much of what seemed to be the more common knowledge of the practice from her grandmother who was no longer around to teach her. She learned from her peers the more regular uses of plants that she applied habitually in her household. In agroecological markets, something similar occurred. I could observe a shared construction of memory through the interchange of ancestral seeds and the retrieval of traditional recipes from their families and communities. For example, in Cayambe, the agroecological producers have been selling the same menu of local traditional dishes taking turns to prepare them divided into different groups. Not all of the groups knew how to cook all the recipes before they started to prepare them in the feria, but they learned from each other drawing on family recipes. However, beyond sharing their knowledge, common spaces such as the local market and workshops also allowed them to share their experiences, which in many cases revolved around domestic violence and other forms of oppression that made them feel devalued, as exemplified in Chapter Six in the meetings of midwives in Otavalo. In Chapters Four to Six, I will delve further into how the sharing of their practice in the present makes them explore their (multiple) past, valuing the work and knowledge of their ancestors as well as building solidarity to them, and among their peers.

Long memory in this sense is not equivalent to the sum of individual memories, but rather to the complex and multiple, always particular and interrelated temporalities that nourish a shared past. This means that temporalities are not understood isolated from the others to which they respond or upon which they are made possible; this is the case not only in relation to other human beings but other beings in general. Following this line of thought, as highlighted by Christine Hansen, there are 'environmental histories' (Hansen, 2018) we need to acknowledge and consider, which not only have to do justice to the cultures who have been taking care of the environments, but also to build more resilient societies (see also, Garde-Hansen *et al.*, 2017). That is, as Hansen argues, there is a need for environmental histories that explicitly acknowledge the value of the labour of care for all of us, and thus demand a form of distributed responsibility. The need to account for a bigger [environmental] picture has also emerged among scholars on the field of memory studies (Craps et al., 2018). The compilation by Craps et al. based on the discussion of a roundtable in memory studies' relation to the Anthropocene, frames a new phase of the field influenced by this emerging discussion. Craps et al make the point that Memory Studies has been mainly focused on human beings as the sole actors of their realities. Against that background, they make a call for accountability and responsibility in the face of the imminent ecological crisis. However, the starting point of this thesis is different. Here, I focus on ancestral practices of care that have been shared among different generations throughout history. It is not a call for something new amidst the urgency of climate change, but rather a call to pay attention to the practices that have been attending to the parts of the world in need of care for a long time. Put simply, the thesis is in many ways a call to pay attention and respond to the needs of carers with a *long*(er) *memory* that mobilises care through the neglected spaces within which carers reproduce their practices. The onus is not so much on which practices of care are and are not reproduced, although this is relevant and interesting, but rather the onus is how the use of long memory to examine practices of care prompts the emergence of a different way of understanding the multiple pasts that interweave themselves into the present in complex ways.

To sum up, the main aim of this chapter has been to develop an understanding of practices of care and their associated long-memory as embodied, embedded and situated. Each section discussed these concepts in the light of relevant literature around the subjects of care, politics of care and memory. I have summarized relevant literature on the topic and described how my approach situates within it. To achieve the main

objective, I have drawn from several lines of thought coming from different disciplines and explored the intersections between them always trying to contribute to an integral understanding of the practices of care I investigate. Discussing how the insights emerging from this research could contribute to the discussions surrounding traditional practices of care, particularly, in attention to the work of what I have called, caring for the past.

In conclusion, in this thesis, I use the notion of *embodied and embedded memory* to refer to: a) an active, corporeal, sensorial, relationship with the past, and b) a shared practice of care through time and across generations. In this sense, my analysis focuses on the orientation of carers towards their ancestors through processes of learning from them and actualising the practice in the present. I will develop this connection to the past in the thesis through the analysis of three different scenarios. The first scenario focuses on the farmers' interactions with plants and animals to feed their communities (Chapter Five). The second focuses on the midwives' interactions with plants, animals and other non-human beings to heal their communities (Chapter Six). And the third, examines the interactions of midwives with the national health system in a project that sought to work collaboratively with them in a Public Hospital (Chapter Seven).

By focusing on caring for the past in these three different social spaces, I address not only the care involved in the execution of the practice, but I also explore how the practice involves caring for the practice itself, and how can this be better achieved by distributing the caring labour more equally and meeting the carers' needs. I argue that both midwives and farmers experience their practice as a way of taking care of their ancestors and their memory, as well as taking care of their communities in the present. Moreover, I illustrate how the logic of care embedded in their practice and through which they relate to their memory, instead of reproducing a static tradition that steadily repeats the past, opens new possibilities for living better in the present. In other words, by being part of a shared intergenerational memory, carers fill the present with affordances that could not otherwise be available for their communities and the society in general. Caring for the past expands, in this way, the affordances of the carers to take better care of their communities in the present. The methodological chapter which now follows describes the overall research design, reflects on my selection of methods and critically analyses the limitations of my investigation. I also expand the discussion about the use of the framework of feminist studies in the analysis of my role as a researcher and how this impacts the methodology for the entire research.

Chapter III. Methodology

3.1. Introduction

So far, I have contextualised the research and my case-study within time-space in Chapter One, as well as within the most relevant theoretical discussions in which the thesis engages in Chapter Two. This chapter consists of five main sections and seeks to narrate the procedures through which I entered the fieldwork, generated the data and then analysed it. This chapter is also a discussion of my position in relation to the research and the people who participated in it. I begin by discussing the overall methodological approach and how it relates to the main arguments of the research. These main arguments discuss: a) a praxiographic approach; b) the research as a matter of care; c) the research as a manipulative practice; and, d) how the temporal multiplicity of the practices can be captured in their materiality. Secondly, it addresses my choice of interviews as the primary method of enquiry into the practices. Following this in the third section, I discuss the sample and sampling process whilst narrating its connection to the different settings of the fieldwork. Section Four describes how I produced the transcripts to analyse the data ,and how the data was analysed, and the story crafted. The next and final section approaches ethical considerations, some challenges and limitations of the study.

3.2. Methodological approach and theoretical considerations

> “Everything said is said by someone. Every reflection brings a world at hand and, as such, is a human doing by someone in particular in a particular place.”
>
> (Maturana & Varela, 1990, p. 14)

> Feminists may raise more questions about the ethics of research because they often (although certainly not always) "are moved by commitments to women'' rather than merely pursuing their "own careers and adding knowledge to the world" (Patai, 1991: 138). These commitments create moral and ethical crises because of the inherent power hierarchies that perpetuate women of color or "Third World" women as "subjects" in subordinate positions to "First World" feminist researchers, most of whom are white.
>
> (Wolf, 2018, p. 2)

> Feminist standpoint theory considers the experiences of women to be a source of knowledge which can be deployed in transforming the public realm which excludes them.
>
> (Puig de la Bellacasa & Bracke, 2009, p. 41)

The three quoted epigraphs resume a particular understanding of the production of knowledge, one in which ethical questions shape the practice of the researchers as they understand their practice as not passive or neutral. I want to start this chapter by discussing the place/position from where I am talking and why it is relevant to have this conversation. I will not refer to my identity and position towards 'the other' of my research as given facts a-priori, but rather reflect on how my own embodied experience and positionalities were enacted in particular contexts, shaping the research in some way or another. There are five key experiences that are worth highlighting here; I do this in no particular order of importance. First, being a sociologist in a context where I knew other researchers who had worked on the same areas or who knew other researchers who had, was a significant advantage that helped me navigate some of the initial stages of entering the fieldwork, contacting people and finding literature.

Secondly, being a woman interviewing other women was something that I felt made my informants feel somehow more comfortable, particularly in the case of midwives who referred to 'female bodies' and topics related to birth, maternity, etc. In some cases, they created a common reference of 'we, as women', which was not always a comfortable experience; for instance, in one of my first interviews in Loja, a midwife told me that only by looking at me she knew I had not been a mother *yet*. This assumption of 'female bodies' naturally related to motherhood was not a principle I shared, but it was not my place to question either. Third, being Ecuadorian. This, of course, was key because I knew the context. However, my position was not always of 'the local'. I did very few interviews in my hometown, and for the most part, I went to places to which I was not as familiarised as with my hometown, Quito. Nonetheless, one of the personal reasons for choosing Imbabura as the central locality for my research was my 'connection' to the place. My grandmother and all her family are from different parts of the province. Indeed, my great grandfather was from Otavalo. Regardless, I did not have any direct connection because my grandmother emigrated to Quito when she was still a little girl, by herself, so she does not have strong family ties to her extended family. But I did tell people about my connection to the province when they asked about 'my origins', and this certainly put me in a different position. I felt people were pleased to hear I was not so foreign to their territories. Fourthly, and this is an important one, which will be developed in the chapter: not speaking Kichwa. I was mostly in a Kichwa territory talking to Kichwa speakers and not speaking Kichwa myself represented in many cases a big problem, as I will discuss more

throughout the chapter. Fifthly, the fieldwork was, without a doubt the experience I have enjoyed the most doing of the entire research; nevertheless, it was ethically challenging. One of the things that made me experience the difference between my informants and me was the fact that I was able to leave and step out of the research. That was my privilege as a researcher and a possibility they did not have. This was probably one of the most difficult things to deal with because at the end of the day, I was not connected to the problems I encountered in the way my informants were. I will also develop this reflection further in the following sections of the chapter.

3.2.1. A praxiographic approach

One of the most valuable things that doing a systematic research for the first time has given me is the opportunity to relate differently to academic literature. Whenever I struggled the most to put this work together, I could better understand the value of the stories I read because although when I read them, they made sense and seem – almost intuitively – cogent, I knew their existence was not necessary but contingent; they were crafted by the authors through their research. I thus realised that crafting a story that does not exist previously in the world is much more than reporting the results of some 'facts' gathered throughout the fieldwork. It is more accurately a task of bringing together different materials in the world, contrasting them, reading one against the other, seeing from different perspectives, as I had read in the literature (Haraway, 1997). I came to understand research more as a manipulative practice without one single result, as has been portrayed by authors as Haraway (1997), Mol (2002) and Stengers (2005). Moreover, making sense of my own practice as a *manipulative doing* took out of my way some dichotomies that overcomplicated the already complex process of crafting a story. I want to highlight here some theoretical figures that helped me throughout this process.

One of the first ideas that helped me frame my study early on in this process was Bourdieu's reflection on the logic of practice. Bourdieu's idea is that a key way to comprehend more robustly the practices we study without repeating the false dichotomies of subject-object, rational-irrational, etc., is by denaturalizing our own practices and bringing them to the discussion. Methods, within this notion, are also a form of experimenting with our practice. Moreover, methods and reflecting upon them are ways to analyse scientific practice beyond the socio-cultural determinations. Bourdieu explains,

> in what is unthinkable at a given time, there is not only everything that cannot be thought for lack of the ethical or political dispositions which tend to bring it into consideration, but also everything that cannot be thought for lack of instruments of thought such as problematics, concepts, methods and techniques.
>
> (Bourdieu, 1990, p. 5)

The instruments of thought, as Bourdieu calls them, are not neutral tools of collection of information but ways of thinking and researching, through which distinct worlds are brought forward. Accordingly, by reflecting upon the 'materiality of data', as Uprichard and Moor (2014) call it, I was able to discuss how I accessed the data (transport, distances, settings, language), and how that process shaped in turn the data and my practice. This brings me to the next idea. My primary goal in the fieldwork was to understand the logic of care shaping the practices of traditional agriculture and midwifery through their practicalities; that is, by exploring how traditional healing and agriculture are 'done in practice' (Bourdieu, 1990; Mol, 2002, 2008). That is to say, understanding the production of knowledge, as discussed in the previous chapters, different from an act of interpretation; in the words of Mol, "knowledge here is not understood as a matter of reference but as one of manipulation. The driving question is no longer "how to find the truth" but "how are objects handled in practice" (Mol, 2002, p. 5).

Hence, paraphrasing Isabelle Stengers, conceiving the research as the researcher's own becoming (Stengers, 2005). This process, although narrated here in this chapter through a particular linear order, was in practice a lot messier; it consisted of going back and forth between the different data, zooming in and out in terms of what people had said and what the scholars had written, trying different lenses, stopping to try out so many different approaches, trying one order, changing it, rewriting, re-phasing etc. The outcome is the result of these different dynamics; and it could certainly have been a different result. More than a report of procedures, though, this discussion is meant to show as much as possible the different elements and decisions that significantly shaped the design of the research and consequently the data and interpretation of the data.

3.2.2 Situated knowledges

A key idea that helped me to make sense of my own research practice throughout this study was Donna Haraway's notion *of situated knowledges* within the more general discussion in Feminist Science and Technology Studies (FSTS) around the production of knowledge. Following this line of thought, the goal of this chapter is not to show how I

reached an ‘unbiased’ knowledge, but how I repeatedly tried to build a knowledge that could be held accountable. To develop this in more detail, I take Haraway’s notion of situated knowledges, which affirms that the production of knowledge is not an innocent practice because it is always done by someone for some specific purposes in a specific context. Moreover, she argues that situatedness is not the same as relativism. Relativism, Haraway argues, assigns the same value to ‘any’ perspective. Situatedness, on the other hand, can be critical because it addresses whose knowledge is someone referring to and what figures that knowledge makes possible and which not. This figure of Haraway was of vital importance in this thesis to understand that claims such as “invisible”, “undervalued”, under-recognised”, etc., always had to be accompanied of an explanation of for whom and in which context.

Thus, situated knowledges, including my own, are always assumed to be *embodied and embedded* within a particular story that can respond for its partial knowledge. More importantly, the particular story within which embodied and embedded knowledge is situated can relate to other situated knowledges with their own particular story to construct ever more complex shared figurations of the world — relating in this way to a tradition in feminist studies to call for solidarity and acknowledgement of the works of other feminists. In words of Bracke and Puig de la Bellacasa, “[a]s feminist academics (…) we are aware that we do not know ‘better than’ but ‘better with/because of’ those who came before us” (Bracke & Puig de la Bellacasa, 2004, p. 309).

Furthermore, situated knowledges as used here refer to the possibility of accounting for a partial view, not as a mechanism of defence against criticism, but instead as a way to engage in conversations with other products of knowledge and forms of producing knowledge. The objectivity claimed in relativism and totalization, Haraway argues, is akin to ““God-tricks” promising vision from everywhere and nowhere” (Haraway, 2004, p. 184). But how can situated knowledges make sense outside the confines of their particularities? Precisely when we understand how the theoretical reflections of a study are drawn to particular cases, it is easier to try out those ideas in other contexts. In a way, going back to Bourdieu, the researcher understands the utility of the tools of thought when she understands how they are being applied to a particular case. This was the case for me with Mol’s book, *The Body Multiple*. Mol shares the way her story was crafted in a way that I had not encountered before. That parallel conversation in her book about the decisions she made to frame her research was amongst the most helpful readings I did again and again for this research. It helped me to

think how the decisions I made about my research and writing the thesis in different moments would shape it in different manners.

The reflection in this chapter changes the focus from a linear, unbiased process, to one intending to illustrate how the different parts were composed to form the story this thesis narrates, which was not anticipated from the beginning. In the words of Mol:

> Objects do not slide silently, untouched, from reality into a text. Instead, there are cages or chairs, there is touching, asking questions, cutting up continuities, isolating elements out of wholes here, and mixing entities together a little further along. The new normative question therefore becomes which of these interferences are good ones. And when, where, in which context, and for whom they are good. (Mol, 2002, p. 158)

This approach was particularly useful when writing Chapter Six, which was the most challenging empirical chapter to write. The reason why Chapter 6 was the most challenging was because the chapter taps into racism and other forms of discrimination, the setting is a public hospital, and most of the carers belong to the Kichwa nationality; it was the perfect scenario to reproduce some conventional dichotomies between traditional medicine-biomedicine, western-indigenous knowledge, etc. I kept finding myself involved in dilemmas when writing it, trying to use a language that did not assume such predetermined, essential differences. Particularly for Chapter Six, Kim TallBear's work on Native American DNA was incredibly illuminating (TallBear, 2013). Tallbear discusses the production of knowledge about Native Americans from government agencies and science portraying a constructed understanding of "indigenous populations" that erases the multiple situatednesses of local tribes. In her words,

> Without "settlers," we could not have "Indians" or "Native Americans" – a pan-racial group defined strictly in opposition to the settlers who encountered them. Instead, we would have many thousands of smaller groups or peoples defined within and according to their own languages, as Dine, Anishinaabeg, or Oceti Sakowin, for example. (TallBear, 2013, p. 5)

In this sense, to understand the situations of racism within the project analysed in Chapter Six, I do not refer to an ethnic group that exists a priori, but instead of racialised readings of some particular bodies (Segato, 2010); which shapes the practices within those interactions and categories. Again, understanding, with the help of Bourdieu, Haraway, Mol and Tallbear, that there are various tools of thought shaping the research

in different ways, helped me to choose in a more reflexive manner the tools I was going to employ at different stages of the research. And more importantly, it allowed me to reflect what figures these tools brought forward. This connects to my next point of relating to the research not in terms of disengaged facts but in terms of care.

3.2.3. From matters of fact to matters of care

Another crucial idea structuring the thesis was Maria Puig de la Bellacasa's *matters of care* (Puig de la Bellacasa, 2011). She uses this notion to introduce an *ethical-political* engagement that not only follows facts but more accurately decides to pay attention to specific neglected aspects of society. I use this notion of care for this chapter as it allows me to think embedded, situated, 'multiple' phenomena; in contrast to a more static, 'detemporalised' version of 'facts'. To introduce this idea, Puig de la Bellacasa first describes Bruno Latour's proposed transition from matters of fact to matters of concern. Latour argues that Science and Technology Studies, as opposed to more classical social science, has a "constructive way of exhibiting matters of fact as processes of entangled concerns" (Puig de la Bellacasa, 2011, p. 89). The twist Puig de la Bellacasa adds is not only on the way she conceives knowledge and how we better account for the production of knowledge, but also about the way we can relate to the research from the beginning. Following FSTS, she argues that we are effectively involved with the production of knowledge. Moreover, she introduces the question of how to make something neglected matter and mobilise care. Going back to Diane Wolf's quote at the beginning of this chapter, feminist standpoints are usually involved in broader ethical and political commitments. Puig de la Bellacasa's proposal is in this sense intended to be part of a feminist practice in which feminist struggles and activism stimulate research practices. That is, her notion is not only a different epistemological framework, i.e. different form of understanding or representing the world, but a different form of engaging with and responding to it.

Following these reflections, I try to narrate in this chapter my engagement with the research and how it has shaped the thesis in specific ways. Indeed the figure of *matters of care* helped me to approach the research in a way that questioned an abstract concern for a problem in which I was not directly involved, to examining how getting involved through the research shaped the curse of the research itself. On the one hand, situated knowledges and the notion of matters of care allowed me to take seriously the theoretical debate about the way I was engaging with the study and caring for the research. Moreover, on the other hand, they allowed me to take seriously the practices

of care I was observing as theoretical conceptions that helped me think about the practices of care themselves and my own research. Having this in mind, in the following sections I describe in detail the methods, sampling, ethical considerations and data analysis configuring this research.

3.3. Methods

The stories I tell in this thesis are mostly situated in Imbabura, a northern Andean province in Ecuador, although few of them are located in some other places that I had the chance to visit, and in Quito too, my hometown and the place where I started to contact different people linked to midwifery. I conducted ethnographic work for 7 months attending meetings and workshops of different groups of midwives, interviewing 16 midwives, 12 farmers, 3 health personnel, public servants and third sector actors, visiting a hospital, farms, ferias, events and reading texts on midwifery and agroecology from a variety of sources mostly aimed at practitioners and the local communities.

The primary method to follow the practices was **semi-structured interviews**. Choosing to do semi-structured interviews within the described methodological approach first of all meant treating informants as 'ethnographers of their own practice' (Mol, 2002), that included, acknowledging the fact that in the interview, they opened a window to observe and reflect upon their practice in ways that were probably not always used to or have not done before – since we do not always have the space to become observants of our own practices (Bourdieu, 1990). Furthermore, I followed Holstein and Gubrium's (1995; 1997) notion of 'active interviewing' whereby a particular standpoint was assumed between me and the interviewees (Gubrium & Holstein, 1997; Holstein & Gubrium, 1995). That is to say:

> Both parties to the interview are necessarily and ineluctably active. Meaning is not merely elicited by apt questioning, not simply transported through respondent replies; it is actively and communicatively assembled in the interview encounter. Respondents are not so much repositories of knowledge – treasuries of information awaiting excavation, so to speak – as they are constructors of knowledge in collaboration with interviewers.
>
> (Gubrium & Holstein, 1997, p. 106)

Using semi-structured interviews meant that, although I followed a line of enquiry, I was also allowed to explore some new themes or questions, listen to the stories and make a note of what people considered relevant. Having a structure allowed me to

compare and explore common themes, but with the flexibility of learning from each particular conversation (Bryman, 2016; Denzin & Lincoln, 2008; Silverman, 2016). One advantage of interviews is that an essential part of the communication happened in a non-verbal way that allowed me to respond to and being attentive to make the informants feel as comfortable as possible. Another thing is that interviews allow engaging in a conversation versus just observing the other. For me, this was crucial since I was talking about the importance of the role of carers; it related to the conviction that their stories matter. Interviews were also an exploratory tool that allowed me to learn important things about informants that I could not just figure out from observing the practice; for instance, elements related to their connection to their ancestors. The themes I wanted to trace from the beginning were: their use of plants and animals in their practice, the processes of learning and teaching the practice, and practicalities like how they make decisions, where they find the materials, how they respond to different situations.

I did **participant observation** in the meetings of midwives, and in the ferias with the farmers. For example, in the ferias, I would usually go to buy some groceries and food and ask them about the different products. I would witness in this scenario the farmers' interactions with their clients. In one occasion I spent almost all day with one of the farmers, from the time when she got to the feria, then I helped her pick the things up and we finished the day in her house. The following day I was able to explore the farm and do some gardening with her. Likewise, I was lucky to interview different generations of midwives but would have loved to have more interviews as such; probably the best way to do it would have been arranging some focus groups. However, I think that with the time I had, focus groups might have been problematic because the women I was interviewing were not typically together in the same space; and when they were they were working or attending the meeting after which they would return to their normal activities at their houses. I would have had to create the space and because of the distances and the difficulties of transportation it would have been challenging.

Regarding the participant observation, I did it mostly in the ferias and meetings, so I was able to observe the practice of farmers in action much more than the practice of midwives. The interviews I did with midwives were typically at their home with a limited time span. Making more observations could have given me an entry point to the practice that the interviews did not give me, particularly for the people whose first language was Kichwa, for example. However, on the one hand, the language midwives use with their patients is usually Kichwa, so what I could have observed was limited too. On the other

hand, especially in the case of the midwives, it was difficult to be part of the practice because it included their patients who were in a vulnerable position and of whom I would have needed their consent. I did not feel comfortable intruding in that intimate space of patients with the midwives. Less so knowing that people who prefer traditional healers chose a more intimate relationship in which they feel safe and comfortable. In the case of the farmers, I observed their work in practice in the ferias, but only visited two farms because I already had to travel continually around different locations. Indeed this was one of the disadvantages of choosing so many different cases.

3.4. Sampling

One of the goals of the research was to be able to make an in-depth analysis of the problem while trying to address different aspects and locations of the practices. The sampling, in this sense, did not seek to be extensive in numbers. That said, I conducted a total of 28 interviews with midwives and farmers, plus six interviews with other key informants. I used a combination of snowball sampling and strategic sampling, making the most out of spaces where I could talk to many carers, such as the ferias and the meetings of midwives in the offices of Ministry in Otavalo.

The qualitative nature of the sample also means that the relevance of the study does not readily apply outside of the cases I study, nor is it easily generalisable. However, there are nevertheless specific things to be learned and taken into consideration in different contexts (Williams, 2000). I have tried to build a research site that is abstract enough to reach the requisites of a 'middle range theory' (Pawson, 2010) yet concrete enough to highlight the relevance of the particular stories I tell in this thesis (Curtin, 1991). That is, fitting the research site into a more comprehensive explanatory scheme where it is possible to trace change and regularities across time and space. Similarly, being part of a bigger conversation lays in the acknowledgement that the research is not something completely new, but reconfigurations of the materials that existed previously and throughout (Bracke & Puig de la Bellacasa, 2004; Pawson, 2010; Williams, 2007). In this sense, the thesis is about the interface of care, tradition and embedded memory specifically, but it also attempts to say something about care in general – thus making a case for the contribution of including temporal lenses into the analysis beyond historical readings.

3.4.1. The settings

Overall there were six settings used in this research, although most of the fieldwork I did was in the province of Imbabura, a province in the northern Andean region of Ecuador. I

also visited the provinces of Pichincha, Loja and Esmeraldas. Located in the central and southern Andean region, and in the coastal region of the country respectively.

My initial goal was to travel to different rural locations around the country -since Ecuador is relatively small in comparison to its neighbours, I thought. However, I soon realised this was a complicated task given the time and resources I had. Although Ecuador has a good road system connecting the principal urban areas around the territory, reaching rural communities is much harder. More importantly for my research, the qualitative interviews I wanted to conduct, more so when framed under a theory of care, were indeed time-demanding and required that I stayed in a place more than anticipated at the beginning; so I decided to stay in Imbabura for most of the time. The decision was not entirely based on the impossibility to accomplish the initial plan, but also on the richness and diversity of places and stories I came to know.

Those involved directly and indirectly in the project in Imbabura were incredibly generous with their time, and their experiences widened my questions and initial assumptions of the practices of care. As we will see, I outline how I moved through the different locations of my fieldwork and how I navigated the different spaces (ferias, hospital, public events, etc.). This overview seeks to illustrate how the encounter with different people and places, and the decisions at different stages of the fieldwork, shaped the research in a significant manner. Although I divide the story into the different locations, the process was not as straightforward; I was always moving between locations interviewing midwives, farmers and other informants, plus making new contacts. Therefore the linear manner in which the six settings below are listed does not accurately depict *how* the research took place, although it does represent the different range of areas involved in the research.

Stetting 1: Quito

I started in Quito, my hometown and the capital city of Ecuador, and the highest capital city in the world at 2850 m.a.s.l. . There, I contacted a community of urban midwives and doulas by email, and they invited me to one of their meetings; it was about post-partum. That was where I met Elena, an urban midwife in her thirties whose formation was with a traditional, rural midwife. I talked to Elana about my research and my interest in traditional healing and then asked if I could interview her; she accepted. There were other midwives in her group, but they mostly had an obstetrician-like formation and followed the teachings of the home birth movement in the United States (for instance, Lamm &

Wigmore 2012; Gaskin 2010). Such a movement originated in the United States in the earlier 1970s in response to the medicalisation of birth and the framing of birth as a dangerous event. The movement provided an alternative model that defended women's 'natural ability' and 'wisdom' to give birth (O'Connor, 1993). The movement has been framed as a "largely white, middle-class phenomena" (O'Connor, 1993, p. 152) (see also, Nelson, 1983). Echoing in this way Murphy's (2015) critique of feminist self-care movements in the 70's, which, she argues, put forward a model of care an ethics by mainly white middle-class groups of women, which made invisible structures of care ingrained in the historical work (and exploitation) of women of colour, migrants, and other subjugated groups. Similarly, Elena was part of a growing community of urban midwives and doulas in Quito who are becoming increasingly popular mostly among upper middle class educated women. Nonetheless, Elena's story and training experience in the practice was different; she was the only traditional midwife of the group. That means, she had learnt from a traditional midwife, and from her grandparents who were farmers and used medicinal plants; this differentiated her from her colleagues. In fact, Elena describes herself as a farmer too; she has a garden where she grows her plants.

Note that in this thesis I do not talk about the difference between urban and traditional midwifery. Nevertheless, I do want to highlight some aspects of this difference relevant to Elena's story to feature some important elements of traditional midwifery that I kept finding in the other stories my research encountered. Although the events regarding home birthing in this urban community happened mostly around the city centre, and the valleys of Quito, among middle-class women, Elena lives in a sector of the city where there are peri-urban neighbourhoods combining urban and rural characteristics, such as people growing plants and breeding animals in their houses. This combination mainly happens because the sector is a place full of migrants from different rural parts of the country; being Quito, the capital city, there is a lot of migration from around the country.

In her neighbourhood, Elena has assisted women who have been used to home birth with midwives because of their rural background; she told me:

> Elena (midwife, Quito): they just ring my bell when they need it because they know I am a midwife, even if we have not met before; that is something that does not happen with the other women I attend, with them it is a longer process where you have to educate them about home birth.

Unlike the urban, more middle-class women, the women in Elena's periurban neighbourhood go to her when they are in labour and possibly after the birth to have their belly swaddled[7]. Thus, Elena, along with other urban midwives and doulas have developed a service to assist pregnant women and their families in every stage of the pregnancy, birth and post-partum, which is significantly different from the first. In her own words, Elena puts it like this:

> Elena (midwife, Quito): women who are more closed to the countryside know better about birth and the different cycles, including death as part of life, but to more 'urbanised' women you have to explain all those things and prepare them for the different possible scenarios; it is tough work.

Elena's story was fascinating because she incarnated what seemed like two different worlds. Her practice was very close to traditional rural midwifery, but she also had access to other sources of formation; for instance, she developed a course for doulas and participated in the events of urban midwives. Elena talked to me about the importance of bringing together urban and rural midwives, she herself had received some young apprentices from rural areas in her house with whom she shared her practice. However, the divide was not so easily bridgeable as it sounded; the differences did not only laid on the practice itself. In fact, traditional midwifery has developed in the region, not as common knowledge of 'women', but actually as the knowledge of some women serving others (Segato, 2013), as the next person I met made more evident.

When I started to explore possible entry points to traditional midwifery in Ecuador, one of the first things I did was to try to find a book recommended by a friend. The book had been published very recently, and it was about traditional midwifery in Ecuador. The book combined stories of different traditional midwives around the country with fiction short stories, something like a storytelling book, beautifully written. The author came from a family of landowners in one of the most emblematic indigenous territories in the outskirts of Quito. A family that used to run a very important *Hacienda*. The young writer was not born within the hacienda since the system started to disarticulate in the 1970s with agrarian reforms. However, previous generations of the family were born there, probably with the help of an indigenous midwife who worked for them and who is featured in a video that accompanies the book, in which the midwife is

[7] This is one of the most frequent practices midwives do and it is widely accepted by women from different backgrounds. The purpose is to place everything back to where it belongs (since during pregnancy and birth the body changes dramatically).

telling the story of how her mother used to tell her that they are poor because the volcano in front of them has the snow facing the other side and not their territories.

The politics of care that authors such as Michelle Murphy (2015) and others (Boris & Salazar Parreñas, 2010; Nelson, 1983; Salazar Parreñas, 2015; Sharma, Sainte-marie, & Fournier, 2017; Tronto, 2007; Zajicek et al., 2006) have been highlighting became evident in the encounter with this story. The politics of care were crucial in my research because of the ethical questions the research opened up regarding my own practice. The book that connected me with this unexpected story certainly explores midwifery in creative forms, illustrating some of the traditions around different cultures in the country. However, the author's connection to the practice through a system of exploitation of indigenous women, such as the hacienda, was out of sight. In the beautiful language of a practice maintained by 'women', who have not only sustained practical knowledges but mythical and spiritual connections to 'the earth', a big part of the story of traditional practices of care was not being narrated.

I am not trying to demonise the book or the author's work for which I have chosen not to mention names; I merely want to explain how it opened essential questions for my research. It made me aware of the differences I could not 'sanitise', as Murphy (2015) puts it. Movements that gravitate around ideas of 'going back to nature', such as the home birth movement in the US, tend to recreate an idealised female body that erases all the differences and power structures; which I was unwilling to reproduce or at least try not to reproduce. Moreover, in societies like Latin America, movements of this sort tend to idealise traditions as a collective national patrimony, for example, through their 'traditional recipes', or 'natural biodiversity' of the territories, thereby underscoring the labour of carers who have been maintaining those possibilities not only for their communities but for all of us. Furthermore, such idealisations erase the colonial history through which such traditions have reproduced. Again, against this context, it is always relevant to ask who reproduces the traditional knowledges and for whom.

All in all, this led me to two decisions: 1) I decided not to explore urban movements of midwives and home birthing in Quito, because they have a different (if any) relationship to traditional midwifery; 2) I decided to avoid throughout this thesis using language of the sort of 'women's knowledge', 'female body', 'Ecuadorian/national tradition'. Instead, I try to be to be precise as to whose knowledge and in what context I am referring to. Additionally, this opened some lines of enquiry that I would like to explore

in the future if I have the opportunity; e.g. the reproduction of traditional knowledge within the relationship of female servants and the women they (have) serve(d).

Setting 2: Loja

Continuing with the story of the fieldwork, now that I had an initial contact, I was ready to explore outside of Quito. I wanted to go to Imbabura because I thought I could trace different traditions within different cantons of the province. However, before travelling to Imbabura, I went to the southernmost province in the Andes, Loja. I have a friend who had worked near the frontier with Peru in some rural communities and had told me the story of an elderly midwife who had helped deliver more than a hundred babies. I joined him on a visit to the communities. To get there, I travelled 12 hours from Quito to the capital city of Loja by bus. I met my friend there, and we took a taxi to the nearest town to the communities, approximately three more hours. We stayed there that night and early in the morning we went to the communities by car; this was the only way to get there besides the school bus, and it took us two hours to reach the communities. The inhabitants are mainly mestizos dedicated to farming. So I started my journey looking for the legendary Doña Alba of whom I had heard so much, but it was not easy, she had gone to visit a daughter in a town near the frontier. Nevertheless, while looking for her, we met two other midwives, one of them Doña Alba´s daughter. We decided to travel to the town where Doña Alba was staying. It was a one-and-a-half-hour trip. When we finally found Doña Alba she did not want her voice to be recorded, she was afflicted because her leg was hurting so she could not walk without pain; moreover, since she had not been practising for a while, Doña Alba felt she had nothing to share anymore. Of course, this was not the case. Her stories were remarkable; she had helped many women in her community and the communities nearby (with all the difficulties it represented moving within this area, even more so in the past).

The question about embodied memory was key in Doña Alba´s story. She mentioned that she began to forget her practice as soon as she could not work anymore. She explained that she can no longer walk much, especially in the country, the distances are long. She told beautiful stories, but she said that she also felt the 'oblivion' in her body. The act of remembering appeared clearly in her story, not only as an exercise of the mind but an active construction of the body. She went on to explain that the body remembers and invents in practice; she cannot practice anymore. Women these days do not ask for

her help much. Time appears in her story in the form of *taking the time* for crossing across the country and upon rivers in the middle of the night; taking the time to prepare the medicine properly ("hacer bien la agüita"), and to teach families to take care of women. Taking and sharing (the) time. Oblivion, on the other hand, seems to be a place where there is no time – and support – for taking time. She put it this way:

> Doña Alba [midwife, Loja]: my mother left me this inheritance (midwifery), and I received it with love. I was a curious little girl. I attended the women who lived with me. Crossing ravines at dawn to reach them. I felt compassion, goodwill. I taught the husbands how to prepare some infusion to help their wives; they do not know anything. For me, there was no help. I cannot work because of my leg anymore, I've forgotten what I knew.

The three midwives I met in Loja centred their practice around the work with plants and animals. The two younger midwives were both around their fifties, and they felt there was no interest in the younger generations to learn; they shared the feeling that they were not needed as much as before. Doña Alba was also more full-time dedicated to the practice than them since, as they narrated, 'women nowadays use the health centres'. Of the three of them, only Doña Alba had had a garden where she grew her plants. For Doña Raquel and Doña Marcela, the two other midwives, it was more the case that they would use what they had at hand, which was also related to the environment surrounding them. The terrains in this region are not so fertile to have a wide variety of plants available for them all the time. I heard stories where they assisted people using lemon and salt because it was all they had at that moment.

I also had the opportunity to interview a woman who had been helped by one of the midwives. These first interviews opened some questions that shaped the path I was going to follow from then on, not only about the topic of the research but also about my practice as a researcher. The use of plants, for instance, became central because it was central in the carer's stories; they always referred to plants in a tender affective manner. However, their practice embedded in their interactions with their environments were not only about the plants and animals, as I have first imagined. The story was not only about a rich and biodiverse ecosystem they were maintaining but an affective connection to the places where their interaction with other elements like the rain, the river and the gorge also shaped their practice. I will discuss this in more detail in Chapters Four and Five. I was amazed at the things I heard in the first interviews, and I wanted to follow some leads

they opened up. All were, from my perspective, extremely knowledgeable women and yet humble and generous, too. They all described themselves as being driven by curiosity throughout their lives. I also saw in the story of Doña Alba, who was the eldest midwife I interviewed, the vulnerability to which they might be exposed once they cannot practice, especially when they do not have a support system to take care of them.

Setting 3: Cotacachi and the language barrier

I went to Imbabura next. The first midwife I interviewed in Imbabura was Tamia, from the Kichwa nationality in Cotacachi. Tamia was thirty-four. She was one of the youngest midwives I interviewed. Although she was a traditional midwife living in a rural community, she had attended deliveries in the city too. Indeed, she took a course for doulas in Quito and participated in some of the activities that the groups of urban midwives and doulas organised. A couple of the days after our interview, I attended a talk she gave on traditional Andean medicine. She talked about the Andean system of health; health problems from an Andean perspective, she explained, are never individual, they are connected with the family and social context. Tamia was an active member of the UNORCAC, the organisation of indigenous peoples in Cotacachi. One of the central elements of her practice was again her relation to plants, not an abstract knowledge about plants, but more precisely, the unique relationship with them stablished and sustained through her practice; this relationship with plants differs from carer to carer and even from patient to patient, she told me. Our conversation was fluid even though Tamia's first language was Kichwa; this was to be different with older carers I came into contact with lateron in the research with whom the communication was not as smooth.

In Cotacachi, I also met Killa, a young recently graduated doctor doing her internship in the hospital of Cotacachi. Killa was also from the Kichwa nationality. For her undergraduate thesis, she wrote about the traditional Kichwa midwives in the canton. A midwife I met in the event of intercultural health, where Tamia talked, recommended to talk to Killa with whom they had worked at the hospital; she kindly agreed to meet me. One of the first things I asked her about was the language barrier, since many of the traditional midwives from the region speak Kichwa. "What they tell you in Kichwa is different from what they can tell you in Spanish. Kichwa is softer and tenderer", she explained. Killa speaks Kichwa, and she did her interviews in this language. "If you do not speak Kichwa, it is better not to visit women who are not fluent in Spanish", she

recommended. The other valuable advice Killa kindly shared with me was to be *reciprocal* and always share something with the midwives I visited. She also said that women more actively involved in politics and activism were suspicious of research and academia in general. She told me about her encounter with the president of the association of midwives in Cotacachi who was especially suspicious about her, even though she was Kichwa too.

The language barrier is indeed one of the most significant limitations of my study and something I would do differently if I could do it again. This thesis is written entirely in English, but all the interviews I did were in Spanish and for many of my informants (mainly in Otavalo and Cotacachi), Spanish was not their first language but Kichwa. This implied that, as Killa told me, much might have been lost in the communication from what they might say in their first language and what they might have told me in Spanish. I am aware of the limitations this implies for my approach to their practice, and I am convinced that for any future research involving Kichwa speakers, I would learn the language first. I firmly believe that taking that time to communicate with them properly is part of my job of treating the research and my informants with care and thus something I neglected. What I did, following Killa's advice, was to choose my informants based on their fluency in Spanish. I did not want to make my interviewees feel uncomfortable by talking to them in Spanish if they could not fully understand it and speak it; I could not afford an interpreter, so this was the way through which I circumnavigated the language issues. This certainly seemed to limit the people I had access to, but it prompted an interaction in more equal terms.

All that said, in the interviews with the Kichwa speakers, the communication was fluent in almost every case, and I felt there was a connection, a moment of sharing where I put all my attention to listening to them to ensure that they felt heard and listened to. However, as much of a rapport I tried to create, it is fair to say that the communication was not completely fluent and this was especially visible in two cases. One was with the president of the midwives in Otavalo – Doña Angelita – to whom I definitely wanted to talk, because she was a principal actor within the movement; the other was with a couple of midwives, also from Otavalo, who were mother and daughter, Doña Carmen and Estela. In the latter case, I became a bit lost at times when interviewing the mother, but the daughter was very helpful in bridging those moments of miscommunication. In the case of Doña Angelita, it was more complicated. I realised she was not fluent in Spanish very soon after the interview began, and she had a lot to tell me. I listened with all my attention

and asked very few questions. I did feel extremely frustrated, though. I felt very clearly in that case how disrespectful I was by going there to ask questions without speaking her language. The voice recorder was an essential tool for me in every case, particularly in these circumstances, because I was able to listen and re-listen to our conversations. This helped me to: a) better comprehend some parts of the conversation where I had lost track of the story, and b) observe the moments where the language was indeed a barrier in the communication.

Another thing I did to address the language barrier was listening rather than talking. With few exceptions, the women I approached were very willing to tell me their stories, and so I listened to what they wanted to tell. In this process, I realised that the stories of the carers that were more active and visible in the different groups were different from the stories of the less politically active women. For the latter, it was clear to me that it was the first time they told their stories, at least to a stranger; whereas the more visible midwives had a more elaborate story of their practice. This transformed into a selection criterion because I wanted to hear different voices and experiences other than the ones I had read about previously in some other place. Some of the things they always talked about because they defined their practice were, whom they learned from, how they had helped their communities, the struggles they had gone through.

Regarding the topic of language one last thing to note is that most of the literature I read for this thesis was in English, but all the documents I collected during fieldwork were in Spanish; the interviews too were all done in Spanish, upon which I will reflect later in the following sections below. Likewise, almost everything I read regarding the topic of racism and colonialism in Latin America, and agroecology was in Spanish. Regarding this plurality of languages, my plan is to publish in Spanish and in English. I will also work a particular product for the midwives and farmers who participated in this research, and if this includes text, it will be in Kichwa and Spanish.

Setting 4: Otavalo

I wanted to find a base in Imbabura to avoid travelling from Quito and staying in different accommodations all the time. I was looking for a place in the capital city, Ibarra, but I could not find a furnished flat at a convenient cost. I found the perfect place in the city of Otavalo. It was furnished, centrally located and at a very convenient cost. The distances were manageable, too. Otavalo is located 2 hours from Quito, half an hour from Ibarra,

and around 30 minutes to one hour from the different communities I visited to do the interviews once I was there. I had the idea of visiting different regions of Imbabura, including the Chota Valley that is an Afro Ecuadorian territory; however, most of the midwives I interviewed from that moment on were from Otavalo because they had monthly meetings in the city to which I attended and was able to contact them. Of course, this was not the case for the farmers; to interview them, I travelled twice or thrice weekly to different parts of Imbabura and Pichincha.

The stories of the midwives in Otavalo were remarkable because they had been in a convoluted process of integration within the national system of health. The cooperation and latter disarticulation from the Hospital of Otavalo had been criticised heavily. However, it opened some interesting dynamics of peer learning and empowerment that continued to hold a collective space where midwives gathered and shared their knowledge, as I will further discuss in Chapter Six. They had monthly meetings in the city to which I could attend and where met most of the midwives I interviewed. Plus, being in the city made it easier to access other participants from the hospital and the regional department of the Ministry of Health.

In the city of Otavalo, I wanted to visit two places, the Hospital of the emblematic project of articulation of midwives with the hospital and Jambi Huasi, an NGO run by the Indigenous Movement in Imbabura (FICI) offering traditional indigenous medicine along with western medicine and who were involved in the process of the afromentioned articulation too. Before going to the hospital, I went to the regional division of the Ministry of Health in Ibarra to ask for an authorisation to enter the hospital and do interviews for my research. I got the approval after a week, and I went with that letter to the hospital. People in the hospital were very open to giving me information regarding the project with the midwives. The director suggested talking to some people in the hospital who were part of the process. I talked to one of them, and she kindly shared some documents about it. She then recommended talking to Dr Garcia who was no longer working at the hospital but in a smaller medical centre in a nearby town, and recommended talking to a public servant in the Ministry who was very involved in the project. I contacted both of them. Although I had heard from Elena and Tamia about the story of the traditional midwives in Otavalo, who went through a very harmful process of articulation with the State, I still wanted to hear their stories. I also interviewed the director of Jambi Huasi.

Setting 5: Ibarra, Pimampiro and Cayambe

While I was contacting midwives and people involved in the project of the Hospital in Otavalo, I was also gaining access to a project that articulated small farmers with scholar lunch in various local schools in Imbabura. It was a project of the Food and Agriculture Organization of the United Nations (FAO) in partnership with the government of Imbabura that consisted on providing school lunch for children in vulnerable rural territories based on organic food cultivated by small farmers, mainly women, and thus tackling malnutrition. Although the people in the Local Government approved my research and facilitated the visits to schools, in the end, people from the FAO did not approve it so I could not continue with it. Despite this, in one of my visits to the offices in Ibarra, an agroecological event was promoted to be held in those installations. Since my purpose was to access small farmers, I thought it was a great opportunity and went to the event. At the event, I met Celia, a young farmer who arrived late that day and asked to speak in the event. I was impressed by her ideas and by the fact that she was one of the few producers there, moreover, the only with such active participation. Before leaving, I talked to her about my research and told her I would like to interview her; she kindly gave me her number.

In the agroecological encounter, I also met the director of a foundation that was about to open an agroecological feria in Pimampiro, a canton in the north of the province. I was very interested in getting to know a process that was at the beginning of its life, I approached him, and he invited me to one of the meetings with the producers prior to the opening of the feria. I also met doña Manuela at the event, who was sitting beside me at lunch. I told her about my research with midwives, and she told me that her grandmother and mother in law were midwives too and that she wished she learnt more about plants and medicine from them. I asked her for her number, and at first I lost it; luckily I saw her again in a feria in Quito and got her number again. Looking back, I feel fortunate we were sitting together because otherwise, we would not have met. She was not a person who stood out of the crowd, she was very quiet, but my time with her is one I cherish deeply because I could see a different ethic enacted in her practice, at the feria and particularly when she showed me her farm and collected the fruits from her beautiful fruit trees. I also got the contact of the director of one of the oldest agroecological projects in the northern Andean region, the Bio-Vida Feria. Then on, I visited the ferias of Ibarra, Cayambe, Quito and Pimampiro regularly.

Setting 6: Esmeraldas

I had the opportunity to visit a community in the ancestral Afro-Ecuadorian territory of Esmeraldas, the most northern province on the coastal region. We went there with a small group of people from Quito to help a friend who planned some cultural activities in the community of Telembí. To get there we travelled by car from Quito to the nearest city to the community in a seven-hour trip, we then took a motorboat to the community in a trip that lasted two and a half hours. The friend organising the visit knew a midwife there and put me in contact with her. Doña Matilde was one of the last midwives left in the community. She was sick, her joints and bones ached. When I did the interview, she was making a fan sitting on the floor while we were talking. She did not learn the practice from her mother or any other midwife. She learned by herself when she helped a pregnant woman who was going to the hospital in her same boat. The baby was born right there, inside the boat on the river with the help of Doña Matilde. From that moment on, women from her community and the communities nearby asked for her help. She has helped lots of women and only once she had to send one to the hospital. It was her daughter. She first called the other midwife of the community, and together they tried to help her, but that baby was in a very difficult position. She broke water, and the baby could not get out. She though her daughter was going to die; she did not. "I cannot complain, no woman has died in my hands", she told me. When we finished, I thanked her; she gave me the fan she had finished entwining by the time she finished her story.

I left Esmeraldas with a sweet and sour sensation. I could not stop thinking about the difference in the practice with the women I interviewed in Imbabura, most of them Kichwas. There was a big difference in the diversity of plants women used in Imbabura in comparison to Doña Matilde's practice. This illustrated a damaged soil and a violent misrecognition of the practices of care like hers. Esmeraldas is a territory deeply affected by contamination coming from plantations and mining, the rivers that are vital resources for the communities are deeply contaminated, and they do not have potable water. However, Doña Matilde taught me that the connection to the past in traditional practices of care does not flow through lineages of descendants but rather through specific ways of relating to the land and the people. The people shaped by the land and the land shaped by the people. A land full of beings with whom to relate to, not only animals and plants but spirits and other creatures. A territory with dangers and affordances you learn to navigate by connecting to those enrooted traditions of care. In words of the Afro-Ecuadorian thinker Juan García, "The mother mountain and the mangroves are here

because we are here, taking advantage of these territories as spaces for life. We use the resources that are in them, to guarantee collective well-being" (García and Walsh, 2009, pp. 347–348, my translation).

3.5. Ethical considerations

Back to Otavalo, I had an appointment with Doña Juana, she was part of the association and was one of the thirteen women who participated in the process of articulation with the hospital. I first met Doña Juana in the centre where the association is based and in which they offer their services of traditional medicine and midwifery, in the city of Otavalo. I went there to present myself and see if I could make some contacts. I was hoping to find Doña Flor and have her introduce me to a new midwife who was around. Doña Juana was working that day, and when I got there, she was with a patient. I waited. When they left, she sat with me and asked how she could help me. I was introducing myself and telling her about my research when a group of young undergraduate students came in. "Good morning, we want to ask you some questions", they said. "We are doing a study about the intangible patrimony in the province, and we have some questions for you, shall we start?" I asked, who they were and what is the study for. "We just want to do an inventory of the different kinds of knowledge in the region; we are studying tourism, the teacher sent us, we are here just to collect information, no more". Doña Juana told them she was not sure about answering the questions because a lot of people just go to them asking for different recipes and formulas and they never hear from them again, so they do not know what they do with that knowledge. "We are only students", they said. "Can you read the questions for me?" She asked. All the questions were about the techniques, procedures and recipes she uses to treat different things. She did not want to answer.

My research was revised and approved by the ethics committee of the University of Warwick. I had decided not to have a written informed consent acknowledging the fact that many women in rural areas could possibly not be able to read them. However, I did prepare an information sheet telling them about my research (see Apendix 1), their rights that included stopping the interview and withdrawing their participation at any point, my contact details and a thanking note for their time. I always read that sheet to them before the interviews and tried to make sure they understood; then I handled it to them. The most important thing for me was to assure them that I would not just disappear after that first visit, that they could contact me and ask any question. Also that the research was going to take time so I could not promise immediate results, but that I was committed to

working with them to create a meaningful material for them from the outcomes of the research. The doctors, the public servant and two of the midwives were particularly interested in me sharing the results with them. Despite all this, the words of Doña Juana resounded in me because I knew that indigenous peoples had been the subjects of social research for centuries. Although I explained to her that my research was not intended to recollect recipes, I did not feel good putting pressure into her. She told me she was also involved in an agroecological project, and I asked her if I could visit her terrain, she agreed and asked me to bring her a plant of Lavander. I did, and when I was with her, I did not ask any question about her healing practice; she showed me her plants and shared the stories she wanted to share with me. At this point in the research, I knew there was no easy way out of the ethical problems of researching in communities who have been the constant focus of research and 'otherisation'. I tried my best to be honest about the purpose of the research, my intentions and their rights, also I tried to be a good listener and to know when to push forward and when to stop. I certainly had difficulties and complicated situations.

In Telembí, Esmeraldas, I heard very similar stories where visitors and researches got into the community, filmed or recorded their music and departed never to come back. We facilitated on that occasion, a workshop where some members of the community created an information sheet and questionnaire for the researchers who wanted to do any study in their community. The sheet included basic questions like the topic of the research, participants, how the information would be used, if a product of that research would be distributed among the community and how, the things the community needed and they could provide, etc. Although they had suffered the neglecting practices of researchers and other people going to their communities to study or record something, they were not saying they did not want researchers in their community, but instead, they wanted to be involved in the process and have a reciprocal relation of interchanging knowledge. Regardless, after these experiences, I did not want to focus my research on a cultural subject to study. I separated even more from the anthropological tradition of studying 'different' cultures. Although I stayed in Otavalo and most of my informants there were Kichwas; I separated from this approach by following their stories within which their racial configuration did play a role as I discuss in Chapter Six, but it was not my point of departure. That is to say, their racialisation illustrated how things work in practice instead of constructing a pre-established identity (Chun, Lipsitz, & Shin, 2013).

3.6. Data Management and Analysis

I started this chapter talking about the importance of reflecting about my own practice as a researcher and then moved forward to narrate the process of the fieldwork, the difficulties, and how I tried to approach my informants with care. Another part that is extremely important is the stories we tell and how people are represented in those stories. Certainly one of the most challenging parts of the research was coming back from the fieldwork and writing, changing rhythms and routines, from being talking to people and moving around different places to be seated in front of a computer without a clue of where to begin. My data analysis is again guided by a) the principles of situatedness, multiplicity and accountability, b) my guide for the interviews, and c) reading and learning about the context of the practices. This last section is divided in four subsections that explain: 1) how I organised the data, 2) the process of transcription, 3) the coding of the data, and 4) some reflections about the process of crafting the story.

3.6.1. Organising the data

Following Mol, I used the interviews as a source to know the practice. That is, what the carers do, how they do it, how they respond to specific situations. The interviews were, in this sense, widely treated as second-hand observations. I achieved this by asking the informants for descriptive cues of their practice. I used general questions and themes to guide the interviews; I started with more general questions about the practice, the sort of, "tell me about your practice and how you started"; to pay attention to the emergent themes and things that were significant for them within their stories. From there, I moved towards more specific questions related to my research questions.

From the first interviews, I developed a system to follow up themes, questions and actors. After each interview, I wrote down everything that came to my mind (field notes). I created a format to process the interviews while on fieldwork, to extract essential information to help me organise the data, but also to have the opportunity to follow leads in the next interviews. The system was a straightforward table with columns containing the names, date and the place of the interview, a description (what, who, how I got there), the main topics in the interview, and comments (new contacts, reference, memos, observations). I also listened to the interview once after the meeting and annotated any comment, question or observation. This method ended up being crucial for the writing of this chapter because I had a chronology of the fieldwork, the places, some impressions that I could not remember if not by reading them. Moreover reading this information

when writing the thesis was a memory aid of my experience in the fieldwork, it connected me with sensations of the places and the people I met. As Oakley notes,

> Interpretations are attained not only through a combination of anthropological knowledge and textual scrutiny, but also through the memory of field experience, unwritten yet inscribed in the fieldworker's being. The ethnographer, as former participant observer, judges the authenticity of his or her conclusions and interpretations in terms of that total experience. (Okely, 2002, p. 30).

Another critical thing to note is that while I was contacting the new participants, I was also collecting documents and other sources like literature, which helped me to contextualise the practices in more detail. This meant talking to other key informants that I did not interview on the record, but they helped me navigate the fieldwork more easily. From friends who have been on the places before and put my in contact with other people, to other researchers, and local people in the different places who helped me navigate the spaces.

Overall, I have listed the respondents in this chapter as a way of really acknowledging who each of them are and the kinds of specific stories they brought to the research. Indeed, in analyzing the interview material, I followed Holstein and Gubrium who argue that, when it comes to interpreting interview data, it is important to draw out the experiences in a way that also acknowledges the context of the interview setting, interviewer and interviewees, and to:

> show how interview responses are produced in the interaction between interviewer and respondent, without losing sight of the meanings produced or the circumstances that condition the meaning-making process. The analytic objective is not merely to describe the situated production of talk, but to show how what is being said related to the experiences and lives being studied.
>
> (Holstein and Gubrium 1997:119)

This approach was especially important for how I synthesized the data for the purposes of this thesis.

3.6.2. Transcription

I made most of the transcriptions after the fieldwork. I had a limited time span to do the fieldwork and collect all the information I could on the topic. I did a few transcriptions while in the field, but mostly afterwards. One limitation of my study is not having done a

pilot study as an exploratory phase that I could then complement with a second stage of fieldwork. Much of my fieldwork was indeed exploratory, and I wished I had had the time to ask some follow-up questions and explore some critical connections. One area in particular I wish I had been able to explore further concerns the connection between agroecology and traditional medicine in terms of the space that traditional medicine has in the spaces of agroecological production. That said, more data does not necessarily lead to better or more valid findings. Instead, what I have done is made the most of the interviews I did conducted, the participatory observation and 'being in the field' as much as possible in terms of writing up this thesis.

For the transcriptions, I used a software that a friend, Andrés Dominguez, created to transcribe his interviews; it consists of transforming YouTube captions into text. For this, I uploaded the audios as private content to YouTube, generated captions and then used the software to transform it into text. Afterwards, I deleted the content from YouTube. This tool was helpful in the cases where the audio was intelligible, and the participants' first language was Spanish. However, in many cases, the generated captions made no sense. Therefore, for the majority of the work, I used the free online app *oTranscribe* to transcribe the interviews, which allowed me to slow down or speed up the recordings, record the time of different extracts and pause while writing down.

3.6.3. Coding

After having transcribed the interviews, I read and re-read each of them. I attempted to find common themes throughout them as well as identify things that were said that somehow stood out from the rest of the data. There were a number of possible themes that were presesnt thorughout the interviews. I wanted to 'stay close to the data'. In doing so, I zoomed in on particular parts of the transcripts that seemed to be most commonly shared acorss the interviews and fieldwork. My focus was on telling a story that could highlight the labour of carers in caring for the past so after reading and reading the transcripts some categories that seemed relevant emerged.

To code the data, I used the software NVivo11. I started with six general categories and used the qualitative data management software to trace and code the data. The categories were: agricultural practices (practices related to the care of the land, animals or plants), practicalities (different tasks, materials and resources they used in their practice), gender-race-class (how the different positionalities in specific contexts and in relation to other people shaped their practice), combinations of knowledge (how they incorporate different knowledge from other traditions and practices), learning the

practice (intergenerational and peer learning), caring for the carers (network of support of the carers). From these general topics, I traced two central themes that frequently repeated across the interviews. One was within the category of agricultural practices, and it was the care and overall connection to guinea pigs, and the other within the category of practicalities and was the treatment of the placenta. I decided to code these two topics separately. Also, I followed the relationship of the carers with doctors to tell the story of the project in the hospital.

I followed Hammersley & Atkinson (2007) recommendation to look for both commonalities and exceptions in the themes. As is discussed in Chapters Four and Five, the case of the guineapigs and the placenta are examples of the first case, while the case of the hospital illustrates the second as it is a different setting from where midwives usually do the practice and thus were confronted with different relationships and structures.

3.6.4. Crafting the story

I decided to divide the thesis into three general empirical chapters. The first two dedicated to the intersection of care of the land, plants, animals and people in traditional agriculture (Chapter Four), and in traditional healing (Chapter Five). The third and final empirical chapter, Chapter Six, was the most challenging to write. Although I had an idea that every about how a story can be told in many different forms, this was particularly true for that chapter. The composition of the story, and how I was going to capture its complexities was a difficult task in which my responsibility as the storyteller became more evident. Binary narratives of victims and aggressors was a path that kept presenting itself as a possibility, but from the data I was able to gather, I knew the story was not that linear. Moreover, such a story would render invisible much of the complexity and multiplicity I was trying to highlight throughout the thesis. As it has been discussed by many authors who have analysed different roles of women, practices and illness in healthcare (Akrich, Leane, Roberts, & Arriscado Nunes, 2014; Berg & Akrich, 2004; Beynon-Jones, 2013; Clarke & Olesen, 2013; Mol, 2002). Indeed, Chapter Six seeks to show the real consequences of framing traditional practices in ways that relate the carers with static figures. When tradition is represented as a remote past with no functionality in the present, the present existence of those people is made vulnerable. Moreover, it also seeks to illustrate how practices of care function within systems of oppression, generating changes. They always have. The difficult argument about care is that in many cases, it

does not challenge ‘the system’ but exists embedded in it. The thing is that within systems of oppression, there are still wounded bodies, hungry bodies, bodies needing care.

Regarding the language, to write this thesis, I have anonymised all the participants, but I have chosen names for them instead of calling them Interviewee 1, 2, 3. This decision was made with the purpose of communicating the singularity of the stories. I use the personal pronoun in many occasions, particularly when referring to the research, as in this chapter, in an attempt to make myself accountable for the decisions I made throughout the process. As I mentioned, all the interviews I did were in Spanish which is my first language too, whenever I have considered that a name makes more sense in its original form like feria, I have stuck to that name providing an explanation. However, I did not want the thesis to be overpopulated with these terms because the goal is to communicate the story clearly. In this same line, although I use the beautiful metaphors of thinkers like Haraway widely, I try to bridge those more philosophical forms of thought to more modest ones that can be illustrated in the stories of the carers.

The discussions around the logic of practice, situated knowledges and care turned my research around in a way that made me more reflexive about its different stages and the decisions that accompanied them. One of the most challenging things about researching for the first time is figuring out how to do it. The honesty and generosity of the authors revised in this chapter allowed me to value the importance of this part of the research related to my connection with it, which I have narrated in this chapter.

Chapter IV. Caring for the past in Agroecological farming: temporal structures of care

4.1. Introduction

This chapter draws on the theoretical discussion presented in Chapters One and Two regarding the notion of *caring for the past*. The chapter examines different forms of detemporalisation that render the temporal structures configuring the labour of care of the farmers invisible in particular spaces, such as the feria. To do so, the chapter analyses the relationship of carers to ancestral knowledge and past generations through the enactment of different material elements constituting their practice (for instance, the cultivation of the land or the cooking of traditional recipes). In the analysis, I acknowledge a lived and changing practice that is both being and becoming. Moreover, I present examples of how the carers' connections to their ancestors allow them to respond creatively to an ever-changing, contingent present. On the one hand, I argue that the logic of care connecting the practices of agroecology and traditional midwifery through time (present and past generations) broadens the attention to the present vulnerabilities and can expand the possibilities for action. However, on the other hand, I also highlight the arduous labour of the farmers in caring for the past and the unquestioned uneven temporal structures to which their labour is weaved.

Specifically, the chapter focuses on the materiality of pasts embedded in the relationship of carers to bodies, soil, animals and plants, asking how they become meaningful or how they are "made to matter"(Evans & Miele, 2012) in the context of their practice. By being 'made to matter', Evans and Miele are referring to "the multiple ways in which the spacings, sayings, moods, and ambiences […] function to make [something] present or absent, visible or invisible, recognised or ignored"(Evans & Miele, 2012, p. 303). Accordingly, the chapter illustrates how the pasts are made to matter in different relationships through the labour of the farmers.

Detemporalisation is illustrated in this chapter through the structures in which the labour of women in creating ways of continuing and maintaining healthy bodies and environments is both reproduced and made invisible. The chapter shows that there is a shared collective and creative intergenerational work farmers adapt, readjust and reinvent to keep the possibilities of consuming healthy food in the present possible for their families and communities. Nonetheless, the rhythms and forms of organisation of their work along with the models of consumption at the ferias, do not fully challenge oppressive temporal structures of intensive labour, risk and vulnerability of the carers.

Having defined care as a matter of *attending to the fragility of the world*, this and the following chapter delve into the relationship of carers with damaged soils, malnourished children, women in labour, illness, limited access to resources, and other vulnerabilities surrounding their practice. I thus engage with the practices acknowledging human and nonhuman entanglements, but not in an idealised, "pleasant and 'nice' version of coexistence" (Abrahamsson & Bertoni, 2016, p. 125), but one with sacrifices–like the sacrifice of the guinea pigs used for healing- and also direct competition with some species like 'plagues', and an not always pleasant embodied experience of the carers (as the two examples of cooking traditional recipes further discuss).

Accordingly, the chapter is divided into four main sections. It starts by introducing the past-present dynamic in the relationship of farmers to animals and plants in agroecology. Following this first section, I take two examples of how farmers nourish the soil, animals and their communities: one, through cooking traditional recipes, and two, by introducing new crops and using manure in the transition to an agroecological production. With the first example, I propose that cooking is an activity that can be easily detemporalised by taking for granted all the work of care it involves, both 'dirty' or 'menial' and 'spiritual' work (Roberts, 1997; Duffy, 2007). By following the stories of care around cooking, the chapter highlights, on the one hand, all the knowledge and complex interweaving of temporal structures carers do through cooking. On the other hand, it shows that´traditional' dishes and recipes are created, maintained and re-invented through the labour of care of the cookers. Thus, the stories counteract detemporalised assumptions of the practice in which traditional recipes are assimilated as anonymous information of the past we can access as the repertoire of a given culture. That is, instead of considering the living experiences of the cookers reproducing and re-inventing them in the present. Similarly, in the second example, I discuss the processes of transitioning to an agroecological production as the intricate work of farmers interweaving local ancestral knowledge with other forms of knowledge. Overall, I argue that to avoid neglecting the work of carers, it is crucial to make visible the non-linear temporal structures that farmers maintain, and through which they strengthen their agency to take care of their families.

I conclude the chapter by drawing together questions regarding temporal structures and care. Note that I talk about cooking and transitioning to highlight the focus on the doing of the practice, i.e., as a changing ongoing process. Following this chapter, Chapter Five extends the discussion of the carers' relationship to bodies, plants and animals by examining midwives' general practice of *healing*. Chapter Five further

highlights in this way the multiplicity of the two practices of care (midwifery and traditional agriculture) in connection to animals and plants by exploring the carers' knowledge regarding healing, which extends their relation to other beings beyond considering them as sources of food and compost. Furthermore, it uses the example of the different practices concerning the disposal of the placenta to illustrate a connection to the land and significant beings beyond plants and animals. But first, this chapter concentrates in the enactment of a traditional agricultural practice in the context of agroecological projects as an entry point to analyse the temporal structures in practices of care.

4.2. The enactment of past in agroecological practices of care

The valorisation of ancestral forms of production and reciprocity are a crucial principle in agroecological models. One paradigmatic form of relation with the farmers' ancestors is the one established through the care and reproduction of ancestral seeds. Seeds in small farming have been traditionally kept in use and circulation through the exchange of them among different families who live across diverse territories (Bretón, 2012; CARE Ecuador, 2016). Agroecology actively encourages the continuation of these practices, and it is a widely shared activity in agroecological ferias for producers to interchange their products at the end of the day. These activities have a deeper meaning than the transaction of goods, as discussed in the introductory chapter. This is so, because during the time of the hacienda, the interchange of products and seeds connected different regions of production and thus maintained the different producers' access to a diversified diet even in conditions of exploitation; moreover, it was and still is a practice that creates social bonds of reciprocity and solidarity among the families and communities.

Furthermore, there are some specific ancestral festivities to exchange products and seeds among communities nationwide, which maintain and nourish meaningful connections among peoples, their diets and their forms of production across the different regions. This is particularly important in a country such as Ecuador that has enormous geographical diversity while being one of the smallest countries in the region. While I was doing my fieldwork, one of the most significant events of bartering took place in Pimampiro, the town of one of the projects on agroecology I visited near the border with Colombia. Hundreds of people from different parts of Ecuador and Colombia travel to Pimampiro on the Friday and Saturday before the beginning of the Holy Week to exchange their products and seeds. By interchanging their own products with those of others, some seek to complete the ingredients for the traditional recipe of the Holy Week, *fanesca*, a

hearty soup made with 12 different grains. This practice has been present in the region for centuries and it is located in a reachable point for people cultivating in different climates across the Andes and the coastal region (Artieda-Rojas, Mera Andrade, Muñoz Espinoza, & Ortiz Tirado, 2017; Lanas Medina, 2010). This diversity allows producers to access through barter products they could not produce in their own territories, and other products and seeds that are quite special as they have been cared for across generations in one family.

The fact that this significant barter event revolves, among other things, around the preparation of the *fanesca* as a traditional dish, brings to mind the connection of agricultural practices not only to food in general but also to practices of cooking. Notably, the practice of cooking traditional recipes connects the farmers with their ancestors and territories through meaningful embodied memories. I discuss in this chapter the paradoxes and complexities of the labour of care in practices such as cooking that are typically overlooked even in more politically-aware contexts like agroecological projects.

Part of the context of the carer's labour can be read in the fact that, despite the steady reduction of access to land, water and markets, small farmers in Latin America produce more than 70% of the food of their countries (Oxfam Internacional, 2016). Moreover, small agriculture maintains a great diversity of products that contribute positively to healthier diets, environments and crops (Altieri, 2002). This means that, being the production of food the primary purpose of small agriculture (Oxfam Internacional, 2016), the reproduction of seeds and crops' diversity is connected to families' traditions like cooking, because they would grow what they eat and eat what they grow. These interconnected practices in small agriculture complement initiatives like seedbanks with the particularity that the reproduction of seeds through farming and feeding involves knowledge within which those seeds are meaningful while being transformed and manipulated, instead of just being stored. Regardless, the homogenization of diets around the world and the agribusiness reproducing monocultures add up to the challenges of reproducing such biodiversity (MESSE et al., 2019). I argue here that the connection to ancestral practices taking place in agroecology connects farmers to the land through a logic of caring and valuing the knowledge of past generations in their goal of caring for present and future generations.

The dimension of interchange and reciprocity is also present in agroecology through other means. For example, agroecology proposes a dialogue among traditional knowledge, and new and innovative practices, species and tools. Some examples of this

dialogue are, for instance, families who practice agroecology using and keeping native seeds, while also incorporating new crops from different regions; also, their agricultural production following the ancestral system of the *chakra*, while also pursuing innovative business entrepreneurships like restaurants and bio-factories for the production of manure and organic fertilisers. Chakra is one of the most common systems of production in the Ecuadorian Andes, extending throughout the Andean region in Ecuador and it mostly consists on agricultural systems in the mountains, and other high altitude spaces, which follow the lunar calendar and implement crop rotation to keep the soil fertile and healthy (Gortaire, 2017). Similarly, farmers maintain and continue some other ancestral social institutions, such as the *minga*, a practice common across multiple indigenous communities in the Andes, where the community works together in specific communal and individual projects. For instance, people can come together to help someone build a farmyard and this person is expected to return the help when is needed by another person or some communal task, such as cleaning the marketplace, for instance. Furthermore, farmers reproduce traditional recipes and ancestral breeding practices while adapting them to new contexts and diverse situations, as the chapter further seeks to illustrate.

In the next sections I take the examples of cooking and transitioning to show how in each case, the past is made to matter through the practices of care of the farmers. The two examples illustrate complex infrastructures that the farmers create, adapt, maintain and continue to make their practice possible. From the more general understanding of the practice of the carers as caring for the past, as it has been suggested in the thesis so far, this and the two following chapters follow Wu et al.s' enquiry in their study of distributed cognition (Wu et al., 2008) and ask more specifically*, how is that past accessed, shared, maintained and coordinated?*

4.3. Cooking

In the context I am describing, cooking is an activity that is intimately related to the family based agricultural production because it implies the transformation of the production into food for family consumption. Cooking is also a task that is almost exclusively done by women in rural households (CARE Ecuador, 2016), which also means that the familiar agricultural production is often in charge of women. In this section, I want to highlight the labour of care that cooking implies and how it relates to the connection to traditional ancestral knowledge while adapting to new contexts. I present two stories, one from the oldest feria I visited, and one from a feria that was just beginning by the time of my

fieldwork. The stories show some of the complexity of the carers' knowledge and the intense labour of cooking. The two stories illustrate the intricate work of care and the difficulties of doing it under specific oppressive structures. In the first subsection, I follow the story of a dish and its incorporation into the feria. Moreover, I connect the story of the dish to the story of the feria and the producers more widely. The following subsection follows the story of a producer in a different feria and extends the conversation around the embodied memory of producers shaping agricultural practices. Both stories illustrate the connections of the practices of cooking to complex infrastructures regarding access to land and resources, and to the embodied memory of the carers.

4.3.1. Colada de Uchu Jaku

Many farmers who participated in this research (as well as midwives) talked about past generations eating healthier diets than people do today. They referred to products that were very nutritious and important in their diets but now are increasingly scarce – such as amaranth, for instance; or other products, like rice and pasta, which have replaced a great variety of grains and legumes. A strategy farmers in agroecological projects use to keep the diversity of diet within their communities and therefore, within their production too, is by selling the products in the ferias through prepared *traditional* dishes. Selling prepared food allows them to show to people how they can use the fresh products they offer in the stalls while using their own production in diversified ways. One example of keeping the biodiversity in this way took place in the oldest agroecological feria I visited called BioVida, located in Cayambe, a northern Andean town.

Cayambe is an ancestral territory of the indigenous nationality Kichwa-Kayambis. It is located in the province of Pichincha near the border with Imbabura. The canton has around 100,000 inhabitants among its rural and urban areas, who are almost entirely dedicated to agricultural production. Big agribusinesses like Nestle operate in the area along with large milk farms and flower farms. Although the agro-industrial model is hegemonic, at the moment of my fieldwork, there were around 20 different agroecological projects, amid which, BioVida was the pioneer. BioVida is a group of agroecological producers that started in 2007 with members of three different organisations: APROCUYC (Association of Women Producers of Guinea Pigs in Cayambe), UCICAQ (Union of Indigenous Peasants from Cayambe and El Quinche), and CONMUJER (Cantonal Council of Women of Cayambe). They received financial and technical support from the local NGO SEDAL (Services for Alternative Development). According to Doña Rosa, the president of BioVida at the time of my fieldwork, there were approximately 66

producers participating in the feria; when it started, there were more, but not all of them have continued. In her words, “this requires commitment, it is not easy, and not everyone is willing to do it”. The feria is open every Wednesday, and SEDAL is no longer in charge of the organisation although they continue to be strategic allies; they have distributed the responsibilities to the producers so the project can be self-sustaining. Patricia Yacelga, the president of SEDAL, told me about the role of the foundation:

> Patricia Yacelga (president of SEDAL): What the foundation did is to support them with things like tents, tables and everything related to the process of how to manage the organisation, the principles of the fair, how the products should be sold, how they should organise themselves, everything related to the more methodological-organizational and infrastructural issues.

The project of BioVida, like many other agroecological projects, is intended to generate a space for a different economy based on solidarity and fair-trade, which would also include spaces for art and civic education along with spaces for artisans. Its scope of action goes, in this way, beyond the commercialisation of fresh products. However, they have tried a few things that have been difficult to sustain, and they are still working on consolidating and expanding the project. At the moment, as Patricia Yacelga explains, the feria mainly offers fresh products and cooked dishes:

> Patricia Yacelga (president of SEDAL): Agreements have also been made so that there are products from the coast, every 15 days a group of agroecological producers from Santo Domingo [a subtropical province] come to sell their products. We have tried to complement the offer of products. Initially we also had a group of producers that made processed food, but it did not go very well because the public that we reach in the feria belongs to a popular class and of course, the processed products elevated the price of the products, even more so because they are agroecological, so it was not an option for most of the consumers that come to the feria. I believe this was a limitation for this kind of products, but initially, there were processed products like conserves. Also, there were artists who performed, but it is also difficult for them to maintain their work in a space like this. However, it has been an attempt to do all these things. We wanted to have not only fresh products but also that other groups belonging to the fair-trade, and popular economy could be incorporated, you know? The principle of the feria is not only of agroecological production but of implementing

everything that is the production with a focus on solidarity economy where people can find fresh food but also connect to the other cycles of life such as art and culture.

Many agroecological projects I got to know during my fieldwork share this vision of reproducing a space with more diverse activities apart from the commercialisation of food; however, it is a challenging vision to pursue because, as explained by Patricia Yacelga, often the ferias do not generate enough economic resources to maintain that kind of spaces. In Bio-Vida, besides selling fresh products, farmers in the feria prepare and sell traditional local dishes. They started the sale of these dishes through a project that encouraged them to process their products and fully use them while generating an additional income. Moreover, they were also educating the consumers in the use of different products with which they may not be so familiar anymore. SEDAL imparted some workshops to the producers regarding food hygiene and management of food, whereas the farmers brought different recipes from their families. They tried a few in the feria, but not all of them had the same popularity, so they continued with the ones that had better reception. The feria is organised by stalls; each stall groups a few different producers and showcases the production of their communities -located around Cayambe and nearby areas. The groups take turns to cook and bring the dishes to the feria each week. The feria offers the same menu every week, but the group in charge rotates every time.

When I first visited the feria, I tried some of the dishes they offered. The cooks explained that everything they use to prepare the dishes comes from different producers in the feria. It was a sunny morning, so the food stall was located in the middle of the plaza with the other stalls. This location was different from when I last I visited the feria, that time the stalls were located in the corridors of the building, because it had been raining; to which I will come back later on the story because it highlights some crucial aspects of the farmers' labour. For the prepared dishes, the producers had a few tents set up and aligned where they had organised different stations for the cooking, plus some tables, and chairs for the diners. The customers made the order and paid; then they waited to be served at the table. There was a system of coloured tokens for the different dishes: the customers gave the coloured tokens to the cooks in charge of the different dishes. They offered aromatic roasted lamb, empanadas, cholito - a corn-based beverage with milk - chicken soup, fruit juices, and a soup I had never heard of that caught my attention.

This soup, of which I had never heard, was the 'colada de uchu jacu'. The Spanish word 'colada' is widely used in Ecuador to refer to a thick soup; 'uchu jacu', on the other hand, are Kichwa words that can be translated as "spicy flour". Hence, this was a traditional local soup made with spicy flour. To make the flour, they toast and mill seven different grains and some condiments. The soup is prepared with a lamb broth into which the flour is added and cooked through; it is served with roasted guinea pig, white hominy corn (called 'mote'), potato, fresh cheese and one boiled egg. Traditionally, everything is cooked in a wood-burning stove, but this is not the option every cook in the feria uses. The process to prepare this dish, once they have all the ingredients, typically begins around 2-3 am, depending on the group cooking that week, and finishes around 6 am when they have to pack everything and leave for the feria, which can take them from 20 minutes to one hour to reach, depending on the distance to the feria from their hometowns. Besides this, prior to the preparation, they have to collect the ingredients of the recipe from their houses' crops, and buy the ones they do not have from other producers in the feria. It is an intense labour process with a complicated recipe.

The introduction of dishes like colada de uchu jacu into the feria has not been easy. On the one hand, these recipes are not widely spread anymore, which means that, in many cases, farmers had to educate the consumers about the dish. For this, they started the project of printing the recipes so people could prepare them at home. However, when the funding for the project ended, the farmers could not continue with this practice, as they could not afford the printing[8]. On the other hand, the farmers occupied the space of this feria because it was a public place, which had no use – it is located in the internal patio of an old Spanish-style building managed by the Council. They have been there for more than ten years now, but the council has not (officially) supported the initiative. Therefore, they are still lacking access to water and electricity, which is a big problem when selling and cooking food. They have been able to sort it out by bringing tanks of water and borrowing light from the neighbouring houses surrounding the plaza, but it is not an ideal situation. To make matters worse, when it rains, because the terrain is unpaved, everything becomes muddy and messy, so they have to move the stalls into the corridors of the building. The president of SEDAL explains the difficulties they face with the space:

[8] They recently created a web page where they are now uploading some of the recipes.

Patricia Yacelga (president of SEDAL): regarding the use of public spaces, ordinances are not favourable for us, especially for small farmers. There are markets in the town, but the farmers cannot easily enter the markets, they are equipped with good infrastructure, but the people of the communities doing family agriculture cannot access those spaces, so we had to go looking for spaces and making alliances with the municipalities. Initially, the feria was a taken space, because the mayor did not want to give it to us. We asked the municipality because it was a space that was abandoned all the time, from Monday to Saturday. On Saturday and Sunday, there is a market, a conventional market, but from Monday to Friday, there was nothing. Still, we did not manage to reach an agreement for them to give us that space. We saw ourselves in the need, and well, also the political consciousness of the organisation made us decide to take that space and occupy it.

There are some technical aspects and other political aspects defining the access and legalisation of the space. For instance, there is the fact that the building is a heritage building and thus no structural changes can be made (such as the unpaved patio where the feria is settled and which gets muddy when it rains). Similarly, there is no specific legislation regarding agroecological markets and the legislation for markets in general limits the participation, access and possibilities of the agroecological producers because they do not have the amount nor the continuity of production that ordinary markets require. Within the more political realm, the producers of BioVida have managed to advance territorial ordinances in other rural areas outside the city of Cayambe; ordinances that have granted them the access to spaces for commercialisation and resources like potable water. Nonetheless, much of this support of the local governments in those rural areas has been determined by the political will of the people in the council, i.e., political allies and politicians closely related to peasant and indigenous social movements. In contrast, within the council of Cayambe there has not been any political will to support the initiatives.

The case of BioVida illustrates that there are different ways in which the rural meets the urban, or to put it differently, that there are institutionalised forms regulating how the food produced in the rural areas enters the urban spaces. The legislation is usually favourable for farmers with medium to large and intensive forms of production, which allows them, for instance, to have a constant offer of specific products. However, it is less favourable for farmers with smaller agroecological types of production that rely

on the rotation of crops, which means they not always have a constant offer of the same products. Usually, regular non-agroecological markets in the cities do not function in an associative manner but rather gather different individual sellers who can rent a stall. In this regard, agroecological ferias are crucial for small agriculture because it gives small farmers the opportunity to associate with other farmers and work in a complementary manner, instead of individually competing (MESSE et al., 2019; Pereira, 2011). Individual competition, as discussed in the introductory chapter, is detrimental for small agriculture not only because farmers do not have the same conditions of production and thus of competition, but also because it disassembles the collective dynamics of solidarity and interchange that have been shaping ancestral agricultural practices across time and space. As the case of BioVida shows, in the current state of affairs, agroecological producers often have to adapt emergent infrastructures outside the law and lack the institutional support of local authorities (Colectivo Agroecológico del Ecuador, 2019; MESSE et al., 2019; Pereira, 2011).

So, what are the infrastructures supporting the preparation of the colada and its selling in the feria? The soup is considered among the traditional dishes of Cayambe, but not many people are familiar with the recipe anymore. To maintain the memory of this 'local dish,' the farmers in Bio Vida are working hard to produce its different elements - through a clean, toxic-free, production – and then combining them into the dish. They felt proud of their work and valued it, particularly in terms of reproducing 'ancestral traditions'. In the words of Doña Tatiana, one of the farmers involved in the preparation of the dish:

> Doña Tatiana (farmer, Cayambe): the recipes themselves are typical of Cayambe, the roast lamb, the uchu jacu, are local traditional foods; that's what we wanted to do here at the feria, to highlight the local traditions. So that's why we make the meals like uchu jacu, chicken broth, the roast lamb, the 'cholito' that is traditional from this region and is a milk-based beverage with morochito (a type of corn) with wheat and sugar; also empanaditas (pasties), and the juices we are making with the fruit that we have here, for example, tree-tomato, blackberry, strawberry. That is what we offer. The colada de uchu jacu is a dish that was ancestrally prepared for weddings and special events.

Indeed, it was a dish prepared for special occasions because it represents part of the richness and fertility of the Andean soil in the area, showcasing emblematic products

such as the corn and the guinea pig. Moreover, it has more than two proteins, including the guinea pig, lamb and egg, which, within a diet that, as many peasant diets around the world, is mainly based on vegetables and legumes, represents abundance and celebration. Another indicator of its connection to festivities is the use of the guinea pig, although guinea pigs are a staple of the Andean diet, they are not consumed daily but rather saved for special occasions. Eduardo Archetti explains how this consumption of guinea pigs in the Ecuadorian Andes deeply connects to the culture and social organisation of its peoples (E. Archetti, 1998), as I will show throughout this and the following chapter. The colada is undoubtedly not a dish for daily consumption; it is a celebratory one. However, it is a good option for the producers in the feria in Cayambe, because they can process a variety of their products and use the guinea pigs, which they are encouraged to have to fertilise the soil. Also, nowadays, uchu jaku is less and less consumed even in celebratory events according to the producers, so this is a unique space where locals can still find and consume a dish which is otherwise difficult to find.

Moreover, it is a special dish for the producers because it reproduces the agroecological value of solidarity by bringing together different producers in one single dish since no one single family produces all the ingredients. The interchange of products is a vital element of the preparation of this dish because it sustains connections among the producers. In other words, the preparation of the dish is a practice that cares for the past not only by actualising a traditional dish in the present but also, importantly, by maintaining relations of interchange and solidarity among the communities. Which, as mentioned, has been a vital element of the ancestral agricultural production in the Andes, and one element that the agroecological organisations have consciously decided to maintain. Likewise, many producers who cook the dish did not know about it before and it represented a connection to the local traditions. This was the case of Doña Tatiana, who was born in the Amazon region but lived and produced with her family (husband and six children) in a nearby rural town. She spoke about how this allowed her to connect with the ancestral roots of Cayambe and reproduce that knowledge with the help of her children.

Nonetheless, the labour of cooking such a complicated dish is intensive and the labour of the farmers cooking it is not entirely visible in the space of the feria. Doña Tatiana told me about how her daughters help her with the cooking and the selling of the dishes at the feria. Although she said that all her family is involved, it is rare to see men in the ferias and less so in charge of cooking. Patricia Yacelga confirmed this impression

telling me that around 95% of the producers of the feria are women. And although the cooks are divided into groups, as Doña Tatiana explained, the soup is not the only dish they have to prepare, so the cooking demands extra time and dedication from the farmers.

Furthermore, the colada de uchu jaku is an exemplary dish of the labour of care of the farmers because it brings together not only different products of the feria but also complex processes that are knowledge-intensive and exhausting. For instance, the wood-burning stove in which the soup is cooked by some of the groups takes longer to prepare than a gas stove, plus it can be a risk factor for the cookers, which is acknowledged by the cookers. In this regard, studies have shown that contamination by biomass burning is one of the leading causes of disease around the world, being women and children the ones at higher risk (WHO, 2002)[9].

Some other processes involved in the cooking of the dish include, preparing the broth, cooking the flour and making sure is not too thick by incorporating water from time to time, but not too much so it dilutes the flavour. Also, cooking the hominy corn that involves itself a complex process of nixtamilization (in which the corn is cooked in ash, then soaked and washed and then dried in the sun), boiling the eggs, roasting the guinea pigs, and preparing the hot sauce that accompanies the dish. All this work that was reserved in the past for special occasions, when cooks usually took the time– probably days - to prepare all of its components is reproduced every week in the feria. The question I hereby want to open is what is the cost? What infrastructures and temporal structures are tied to the reproduction of a continuous offer of such a complicated dish in the feria and how is the time of the carers valued, or not, within that reproduction?

In theory, the groups selling food in the feria generate an additional income. However, all the labour involved to prepare the dishes, particularly ones as complex as

[9] The report of the WHO says, "cooking and heating with solid fuels such as dung, wood, agricultural residues or coal is likely to be the largest source of indoor air pollution globally. When used in simple cooking stoves, these fuels emit substantial amounts of pollutants, including respirable particles, carbon monoxide, nitrogen and sulfur oxides, and benzene. Nearly half the world continues to cook with solid fuels. This includes more than 75% of people in India, China and nearby countries, and 70 The World Health Report 2002 50–75% of people in parts of South America and Africa. Limited ventilation is common in many developing countries and increases exposure, particularly for women and young children who spend much of their time indoors. Exposures have been measured at many times higher than WHO guidelines and national standards, and thus can be substantially greater than outdoors in cities with the most severe air pollution" (WHO, 2002, pp. 69–70).

the colada takes a toll on their bodies and this is something, not all the producers are willing to do. For instance, Doña Rosa told me,

> Doña Rosa (farmer, Cayambe): I prefer not to be involved in the cooking. We can leave everything prepared the night before and the get ready around 4-5 in the morning. The groups cooking each week are the ones who have to start working earlier, around 2 am so they have time to have everything ready for the diners.

This is something that is repeated in every feria, the people preparing food have more work to do. Doña Manuela, who works in the feria of Carcelén in Quito, but lives two hours away from the feria, told me:

> Doña Manuela (farmer, San Antonio): When is the day of feria I do not sleep, or if I do, I only sleep one hour because I have to prepare the colada of red berries and the corn. I prepare all the products the night before and then start cooking. The car that takes us to the feria comes at four in the morning so rarely I have time to sleep, and I prefer not to because I'm afraid I will not wake up to do all the things.

One concern that emerges from these stories is that although there is, in agroecological projects, a recognition of values of solidarity in the ancestral forms of agricultural production, little is discussed about how those forms of solidarity are made possible by the labour of care of a majority of female carers with activities such as cooking besides all the other practices they do. Cooking, as we have seen, is not only a life-sustaining activity within the labour of care in rural households but also in the feria. According to Patricia Yacelga, 40% of what the producers sell in the feria is cooked dishes. Additionally, as I have discussed, traditional dishes provide an affective connection for people with their local areas, which gives the feria a symbolic value in that regard. Here I find the work of Roberts and Duffy useful, particularly their notions of dirty work/nurturant care, and menial/spiritual housework (Duffy, 2007; Roberts, 1997). Echoing their work, is important to pay more attention to the menial/dirty work that caring implies, such as inhaling the smoke while cooking, or dealing with a moody terrain and the lack of access to water and electricity, to make visible the nurturant and spiritual labour they imply. In other words, I am not presenting a dichotomy between the labour of farmers in maintaining important relations of solidarity and their exhausting and demanding work. On the contrary, by bringing to the forefront a more complex picture of what their labour implies, there are more possibilities for understanding their work and

all the temporal structures the carers maintain to make it possible, and valuing it instead of idealising it. Instead of detemporalising it.

Another important thing to note is that the target population of all the ferias I visited I are people with low income, which is in stark contrast to, say, organic products in farmers markets and shops in the UK, or other countries like the US, where the population consuming the products are mainly middle-class consumers (Anguelovski, 2015). Such a market of low-income consumers also regulates the prices of the products in the feria. The prices of the dishes that the producers sell in BioVida are very affordable - the Colada de Uchu Jaku, for instance, costs less than 4 US dollars. This also means that people in charge of cooking the dish, although they use products from different producers, ideally should have themselves enough products from their plants and animals to prepare the dishes, so they do not have to buy too many. Otherwise, it is not profitable. It is difficult to be sure if the extra income compensates the extra effort and labour; it varies from case to case. Moreover, the principles of a different economy upon which the feria is maintained does not put at the centre of its reproduction the economic profit, but instead, values of solidarity and the possibility to influence the patterns of consumption in the population to eventually change the industrial way of agricultural production.

So, beyond just the profit of these activities but still thinking on the farmers' general wellbeing, two questions remain; on the one hand, how visible and valued, or not, for the diners and other consumers at the feria is the labour of care of the producers? And, on the other hand, how much are agroecological models of production relying on the neglected labour of women that has been maintaining ancestral agricultural practices in oppressive circumstances? At the base of agroecological models of production there is the goal to achieve food sovereignty, a state in which people would produce food in their territories according to their traditions and customs; food sovereignty has been defended as a response to a system of oppression that erases the ways of life of indigenous peoples and peasants (Whyte, 2016). However, has the role of women in maintaining that sovereignty through practices like cooking been sufficiently questioned? How might we then think in more caring ways of the zooming in and out of the practices to bring forward the stories of carers?

Traditions, this thesis suggests, are in part maintained through embodied affective connections by particular carers. The connection of 'ancestral dishes' to specific territories, crops, traditions and rituals, are made possible through the labour of carers

inventing and reinventing ways of making such connections possible. The individual stories, thus I argue, are key to understand the complexity of the infrastructures that the labour of care sustains. This labour in the case of BioVida is formed among others by, occupying spaces and figuring out their access to water and electricity, working from early hours in the morning, using traditional cooking methods, figuring out ways to bring the dishes warm to the feria, etc. More importantly, the individual stories highlight the differentiated quality of time composing the feria, where the farmers have to adapt their time and bodies to keep it functioning in a certain way and rhythm. In words of Sharma, there is an "expectation that certain bodies recalibrate to the time of others" (Sharma, 2014b, p. 20).

My argument is that it is crucial to think food not only in terms of the re-insertion of individual dishes as a form of availability for consumption. Neither only for the sake of ecosystems and cultures in an abstract manner but instead taking into account the role of carers, which implies imagining ways of adapting the dish so it can question oppressive structures and transform them. Agroecology is based on an ideal of social justice, and one long duration track of continuous injustice in Latin America, as I have discussed throughout the thesis, has been the detemporalisation of traditional practices of care. One way to think differently could be figuring out ways through which the concrete stories from the producers can have a visible space in the ferias for people to connect and interact with them. If a crucial element of alternative forms of production is to "imagine social relations differently" (Grey & Patel, 2015, p. 441), it would be essential to dedicate a space in the feria to do precisely that while avoiding overloading the carers with even more work. This case of cooking a traditional recipe exemplifies that, although there is a subversion in the occupation of the space for the feria, it seems like the temporal structures have been less politically questioned. And perhaps they are indeed more difficult to question and re-imagine, but, as suggested by Sharma, we need to start questioning the temporal order to open the possibility of dismantle it (Sharma, 2014a). In line with the overall thesis argument regarding detemporalistion, we can see here that the temporal structures of practices of care such as cooking, which constitute a pilar of agricultural activity, need more attention. If we produce detemporalised readings of the labour of care, much of the mechanisms of reproduction of inequalities, agency and intergenerational relations is lost. The case shows in this regards the complexity of the producers' labour of care in terms of how they attend to both individual and collective vulnerabilities while sustaining meaningful relations to the past that make possible

generating multiple responses to the contingent present, whilst lacking sufficient institutional support to do it.

4.3.2. Doña Teresa's recipes

I found another example of the contrast between the reproduction of traditional recipes with the challenges to access resources and the precarious situation of many farmers in the story of a farmer working in Pimampiro, the newest project I visited. The feria is called *Tierra Viva* and it was inaugurated while I was doing my fieldwork. I got to talk to some of the producers before it was inaugurated and afterwards too. Pimampiro is located in the province of Imbabura near the frontier with the province of Carchi, the northernmost Andean province and the frontier with Colombia. Pimampiro represents an emblematic place of agricultural commercialisation as mentioned at the beginning of the chapter with the emblematic barter for the Holy Week. The feria is open every Sunday and it t is supported by the international NGO Vibrant Village Foundation.

Similar to BioVida, Tierra Viva also has a differentiated space where the producers sell hot food. The people selling the food are the same every week, but there are producers in their stalls selling different snacks too. This was the case of Doña Teresa; her stall grabbed my attention because she always had different traditional and not very common drinks. When I first met her, I tried a chicha of golden berry, which I had never tried before. Chicha is a traditional fermented beverage with many different variations nationwide; usually, the base is a cereal or a grain, and various fruits are added to that base. Doña Teresa also had a beverage made from the first milk of the cow –it can only be prepared with the milk of the first three days, mixed with spices and cooked for long hours; this one was out of stock when I got there so I could not try myself.

When I talked to Doña Teresa, she told me about a great variety of recipes with different species of corn, for instance. She learned the recipes from her father, she told me, but her parents died when she was still a young girl. Doña Teresa said she recently started to grow her own food when she was very ill. Because her parents died when she was young she was left alone and became malnourished, which, as an adult, affected her health badly. Eating Doña Teresa's products with no chemicals has improved her health: "At one point I could not even drink water, my body rejected everything, and I had a severe stomach ache". Hearing all the recipes Doña Teresa was telling me about I asked her if she would bring any of them to the feria, but she told me she had a very small parcel to cultivate; for instance, she could not grow corn, which was the main ingredient of most of the dishes she was telling me about. Doña Teresa did not even own the land in which

she was growing her food; she had lost everything when her parents died, and now she rented a small parcel where she kept some smaller crops. Her story mirrored some aspects of the situation of rural women in the region. Rural women in Ecuador have limited access to land and other resources like water; they lack support to strengthen their production and increase crop diversity (CARE Ecuador, 2016). The situation is similar to other Latin American countries where rural women have less land ownership than men and the properties they are responsible for are smaller (Centro Peruano de Estudios Sociales – CEPES, 2011; Gilles, Ranaboldo, & Serrano, 2015; Oxfam Internacional, 2016; Siliprandi, 2010; Torres et al., 2017).

Doña Teresa recalled recipes she had not tried, but that her father had told her about. She came from a family of producers who had had land of their own in the past and that had developed great knowledge around it: "Apparently, my grandparents had possibilities; they had animals –lambs, goats, cows, chickens, and plants in a big terrain. They prepared everything there, salads, soups, bread, coffee. They had everything to prepare what they wished." Her story illustrates the richness of traditional agricultural practices and her connection to the land through these recipes she learned from her ancestors. However, it also shows how severe the conditions farmers have to face can be.

"I loved to listen to my dad's stories", she told me. According to him, his upbringing was quite different from her daughter's, but he tried to teach her as much as he could from the recipes of their ancestors. Her memories of them are vivid. She explained, for instance, the entire process of preparing some sort of tamales called *vicundos* made with hominy corn. Her dad collected the leaves from the ravine, in them he would cook the dough; he held the vicundos in the pot with some sticks in such a way that the vapour could cook them. However, many of those recipes she does not prepare anymore. As I will develop further in next chapter, there is something different between the embodied memory to which carers connect in practice and what they can recall but not practice anymore. In the story of Doña Teresa there was indeed a mismatch between the variety of recipes and uses of products like corn and the recipes she was able to cook given the conditions of production.

The important thing to highlight is that the knowledge about the products in the ferias is usually connected to cooking with them or using them for other purposes such as medicine. The variety of uses of those cultivated products keep them alive; therefore, the challenge of keeping a diversified production extends beyond cultivating and harvesting

them, it is connected to their connection with those meaningful affective experiences like cooking and eating. To put it differently, caring for the past involves not only contemplating it but also manipulating it by bringing it to interact with the diverse circumstances of the present.

Moreover, the culinary traditions are embedded not only in wider cultures and ecosystems, but also in technologies and tools. This is clear in the case of Doña Teresa, who cannot reproduce some recipes because she does not have a oven, and also in her valorisation of the distinct flavour of the preparations she recalled when the ingredients were milled in stone. The same applies to the previous story in which the wood-burning stove was for some producers vital for the preparation of the colada de uchu jaku. What the focus on these methods and technologies brings to the discussion is that culinary traditions that maintain significant connections for people with their territories imply labour-intense and technologically sophisticated knowledge performed by the carers, not always in optimal conditions. Although, there is a recognition of the oppressive structures configuring the livelihoods of many producers, there is still work to do in agroecological projects to address the uneven temporal structures shaping the labour of care of women. Structures that in cases where the cares do political work like in agroecological projects also imply that their workload is multiplied (CARE Ecuador, 2016; Larrauri et al., 2016). The next section further illustrates the labour of carers in interweaving time and space to take better care of their communities by transitioning towards agroecological forms of production.

4.4 Transitioning

Ancestral practices of agricultural production are crucial in agroecology not only for ecological reasons or for the sake of the soil, but also for social justice, acknowledging the historical injustices shaping the territories (e.g. contamination, land grabbing, and displacement) and revaluing the knowledge of rural people. Agroecology counteracts in this way colonial practices of detemporalisation of the territories to treat them as empty lands for exploitation (Adam & Groves, 2007; Haraway, 1992, 2016), by inquiring about the stories that have shaped them. Moreover, agroecology also supports biodiversity by encouraging the introduction of new practices and crops(Altieri & Toledo, 2011; Altíeri & Yurjevic, 1991; Intriago, Gortaire Amézcua, Bravo, & O'Connell, 2017; Siliprandi, 2010). Many farmers I interviewed agreed with the fact that they had seen a diversification of the products they had seen in their local areas before, products they had not seen before were increasingly becoming part of their territories. This experience of new crops that

have never been in their territories, relates to the expansion of agro-industrial production with monocultures throughout the country, i.e., expanding a less diversified production (Torres et al., 2017). But also, it echoes the general history of the country's production of food. Ecuador has three main continental regions, which are, the coastal region, the Andean region and the Amazon. Historically there has not been a constant and fluent connection among them; for instance, each of these areas has developed different forms of agricultural production during the formation of the nation-state (Gortaire, 2017; Quevedo, 2013).

Thus, many farmers highlighted the introduction of new crops, which had traditionally been associated with other regions. For instance, for farmers in the colder Andean zones, the production of many fruit trees was a novelty. They were always very excited to grow their own fruit trees because their parents and grandparents believed they were products of the coast or Amazon, but not from the Andes. In one of the terrains I visited, a farmer, Doña Manuela, showed me all the different trees she had been able to grow in her terrain, which was over 2500 meters above sea level.

> Me: Did you make the transition from using chemical pesticides and fertilisers?
>
> Doña Manuela (farmer, San Antonio de Ibarra): no, I've never used chemicals, we've always worked in this way, just with the animals. The difference is that now I have many different crops that my grandparents thought they were only from the coast. We used to have many different crops, quinoa for example, which I do not have here in my terrain at the moment, but very few fruit trees, almost none. I recently sowed a plant of coconut, let's see if it grows; I've seen it around here.

Verónica, a farmer from Pimampiro, also told me:

> Verónica (farmer, Pimampiro): there were things that, for example, we said 'maybe they wouldn't grow', we only used to sow legumes, peas, beans, we did not know that perhaps a cauliflower, broccoli, a beet or spinach could grow as well. We used to sow mostly grains. Vegetables very little, mainly because we didn´t know. When I was a child, I don't remember sowing these things; you could only get them in the markets with producers from other areas. Even neighbours tell me, 'you have broccoli, we didn´t know you can grow that, how you did it'. I tell them, 'it grows; as long as you sow and work, everything can grow'. I think that before, because of the belief that maybe it won't grow, nobody sowed, but if you do it, then you learn that it is possible to do it.

This is one clear example in which agroecology pushes the boundaries of what has been traditionally accepted as local. Moreover, it promotes experimentation as a way of relating to the land, incorporating something new while being attuned to the changes and new relations it creates.

I asked Doña Manuela the question regarding transitioning because many producers go through a transition from using chemical fertilisers and pesticides to the use of organic compost as part of their transition towards agroecology. Veronica, for instance, made this transition. However, like Doña Manuela, some of the producers are used to work with manure from animals because it is the way they learned to do it from their ancestors. In some cases, even if they had been producing with chemicals, it is very common they had worked before with their parents or grandparents in more organic productions. Yet, in many cases, they do have to deal with damaged soils from the use of agro-toxics. Usually, ferias would not accept products in transition; farmers cannot sell their products there until their soil is completely free from toxins. This was the case in Tierra Viva; some farmers were involved in the project and doing the transition but were not allowed to sell in the feria until the process was completed. The transition, however is not only related to soils free from toxics; it also implies diversifying the production, i.e. going from monocultures to a diversity of complementary products.

One of the most notable cases of transitioning to agroecology I knew was through the story of Delia, one of the few young farmers (30 years old) I met in the ferias. She and her family (brother and parents) maintain an agroecological farm in Ambuquí, which is an area located in a valley in the North of the province of Imbabura. The farm has two productive hectares and ten more in transition. They only started with this type of production five years ago, so their story is usually told as an example of success within the agroecological projects in the area, because they “returned to the countryside”, whereas in most cases, people in agroecology were already working in farming or living in rural areas. Delia grew up in the city; she and her husband had a small business of domestic cleaning. Her brother Miguel, who usually sells the products with her at the ferias, used to work in flowers farms, which are very common in the area, but he got sick because of the intensified labour and the exposure to pesticides. Their parents, on the other hand, had a terrain in Ambuquí they inherited with some trees of a local fruit called ‘ovo’, which is small fruit similar to a plum, from the cashew family, which grows in trees and that has been cultivated for thousands of years across tropical regions of the Americas, it has a unique tangy and sweet flavour when matured properly. The mother, Doña Carmen, had

recently retired so they were living there and Doña Carmen used to sell the ovos in the local market; she got paid 2 to 3 dollars for the entire production she took with her. The situation of the family was not the best, so they were looking for an alternative to have a better income. Eventually, they found an agroecological feria and decided to make the transition. Currently, they have a big production, so they sell in three different ferias in Ibarra and Quito. Besides this, Delia makes and sells natural beauty products, such as toothpaste, soap, deodorants, and shampoo; she also makes some dry condiments, like oregano and other herbal mixes. Recently, the family opened a store of agroecological products at the entrance of their property; they also have a small restaurant.

In Delia's case, her involvement with agroecology opened opportunities to introduce innovative products and techniques while also connecting to a long ancestral memory. For instance, one of the things that her family is now promoting is the use of a traditional hamper to carry the ovos, made of banana leaves. This hamper was traditionally made by farmers cultivating ovos to carry the fruit, but it was not used anymore. Although in her family, from the time of her grandfather, people have been cultivating ovos, it has been Delia and her brother the ones that have introduced a different connection to this product.

In Delia's story, the component of the new helping to take better care of the past is evident. In her case, it is also evident that caring for the past does not necessarily require ancestral lineage but rather being attentive to the past and nourishing it while learning what makes sense locally. This brings me to another crucial element in transitioning towards an agroecological production, the care of animals. To make the transition Delia and her family took a credit with which they bought chickens, guinea pigs and cows. Animals are part of the cycle of production and contribute to the family diet, but also they contribute to diversifying the producers' economy. Animals are a crucial part of agroecology and small agriculture in general, so they play a vital role in transitioning to an agroecological production. Animals are crucial not only in the production of food but also in generating additional income for the families; in fact, the breeding of small animals is one of the primary sources of incomes for women doing small-scale agriculture in the country (CARE Ecuador, 2016; Minga, 2014).

The experiences of the women in BioVida illustrate the importance of animals for farmers very clearly. They have been involved in agroecology for almost 20 years, and in addition to the commercialisation of their products in the market, which started around

2007, some of them are involved in associations for breeding animals to generate an additional income, have sources of meat and generate manure. Indeed, Doña Rosa, the president of BioVida, told me that everyone in the feria had animals, some producers like her, breed them and sell them within other productive projects. She explained,

> Doña Rosa (farmer, Cayambe): we get up at 4:30 in the morning, and we're on our way to be able to arrive early because you know in the morning time passes by very quickly. At least that is the case for me because I work with another association dedicated to the breeding of smaller animals. I work with the guinea pigs, and I cannot live the house without feeding them first. From that breeding of the animals, we make organic fertiliser. We all have an obligation to have animals here; we have chickens, guinea pigs, those that have more space have cows, sheep. The foundation helped us to constitute the association, too; we are only women there.

The association she mentions had built a barbecue restaurant where they prepare their own breaded guinea pigs. There are some other similar projects of restaurants and one project of building a *bio-factory* to produce organic fertilisers. Another farmer, Doña Cecilia, told me her story.

> Doña Cecilia (farmer, Cayambe): I deliver the guinea pigs to a barbecue restaurant in the town. It is a project where we deliver 15 guinea pigs every 15 days. We also managed to buy a piece of land where we built our own barbeque, it is not as big as the other one in town, but we are working on it. We also bought a small piece of land with other people from the market to build a biofactory of organic agricultural supplies.

Women in rural areas have traditionally taken care of small animals. The agroecological model relies on the ancestral breeding of animals to both fertilise the soil and generate an additional income for the families. The story of Verónica, illustrates further the role of animals in the agroecological model of production where there is a complementary nurturing of her child, the animals, soil and plants. One focus of the project of which she was part was to provide healthier food to the families so they could better nourish their children. Her daughter had anaemia, so this was her primary motivation to get involved, she explained:

> Verónica (farmer, Pimampiro): I think that in addition to the part of having fresh vegetables for consumption it is also the complementarity with the animals. For

instance, I need manure to grow my food. The guinea pig or the cattle, and the chickens, they give me that manure. But then, when I harvest the broccoli and the cabbage, I use the parts I do not eat to feed my animals. So, in this way, I don't need to buy them food, and they eat more vitamins. I was very motivated to start with this three years ago. My daughter, after three months of treatment with all the vegetables, recovered and she has been good since. Likewise, we are also eating healthier, we rarely eat rice now, and the potatoes we eat are also from our own garden.

Consumers and farmers share a common interest in agroecology related to their health. The farmers had different stories too, of how they have seen their health improve, from Doña Teresa to Delia and her brother who got sick working in the agro-industrial plantations. Doña Lucía, who was next to the stall of Doña Teresa in Pimampiro, also had a story related to her health. She and her husband used to run a medium-size farm, but they did not eat from their production, but instead, they bought most of what they ate. She explains:

Doña Lucía (Farmer, Pimampiro): I got diagnosed with diabetes, so I had to change my diet; before we used to eat a lot of bread and coffee for breakfast, which was the same we prepared for the workers. Now I eat what I cultivate, and my health has improved.

There is a connection in this sense in the practice and commitment of farmers to nurture the soil, the animals, the plants and their bodies. On the one hand, they try new things with their production and their food, but also, on the other hand, they rely on ancestral practices that connects them to the different beings shaping their territories in particular ways. These relations to other beings such as guinea pigs or the ovos, have been cultivated for centuries as I have noted above. For instance, the cycles of the moon and the sun, the times of the day in which different plants need care, the rituals to thank for the production, among others, are all part of ancestral practices the farmers have learned, adapted, maintained and extended. The story of Doña Esther in Pimampiro, who now works as a technician evaluating and controlling that the farms follow the agroecological standards to participate in the feria, illustrates some of this ancestral knowledge. She had learned about the Andean calendar of agriculture according to which there are different days to sow and cultivate the different kind of plants (grains, legumes, vegetables). For

the indigenous peoples across the Andean region, the agricultural practices are connected to the cycles of the moon and the sun. She told me:

> Doña Esther (farmer, Pimampiro): nowadays, my husband no longer uses chemicals, but at the beginning, he challenged me to plant beans. I had learned from the cycles and the lunar calendar and told him not to use chemicals, I told him we could produce the same and even more without chemicals, but he was sceptic. I sowed on the day of the moon that is marked on the calendar; he did it any day regardless of the calendar, and then he fumigated. It went well for me, but all his production was lost. Then he was finally convinced. There are days to sow if you sow any day it does not grow, or the plant comes out weak, and the pests kill it.

The people living in the different areas have learned through time different forms of attuning their practice to the different cycles and rhythms. Another crucial practice in this regard is the rotation of crops, which can be challenging when people are transitioning because the production is not constant as in monocultures. Doña Susana, who has had various experiences in different agroecological ferias, explained:

> Doña Susana (Farmer, Pimampiro): people who have been engaged, who are genuinely committed, they are able to follow the process and stay. But, sadly, when the authorities get involved, they immediately become intermediaries. Moreover, people are used to selling their produce weekly, and when they no longer have a product, they start cheating and introducing products that are not organically produced. What happens is that they do not do the crop rotation properly, so they start to lack products, and they leave the projects. It is very, very difficult to work with people if they are not indeed committed, they do not care about anything and just bring any product to the feria. Today I said, as my fellow producers have brought enough products, I better bring the seeds. You have to think as a collective.

Transitioning in this sense not only implies producing food free form agro toxics but more widely changing rhythms and routines, taking risks, learning to trust, being patient and committing. The ferias have mechanisms of control for the production; many of them involve the participation of consumers who want to visit the farms and see how the food is produced. Nonetheless, as Doña Susana explained, the commitment of people is fundamental. If people are not willing to maintain a collective space rooted in principles

that go beyond profit, it is difficult for these projects to continue. Furthermore, it is essential to acknowledge the emotional relationship of farmers to the land, which relates them to their ancestors through traditional practices like cooking, or others related to the ecological cycles. Nonetheless, there is also an element of nurturing the beloved ones in which the present is open to incorporate new things and learn new skills. At the centre of agroecology is the goal of achieving food sovereignty, which implies that feeding the families and communities is at the core of this model of production. In this sense, it is not an ecological practice in terms of protecting every species of a given environment but rather a sustainable system of food-production attuning to the cycles of particular ecosystems to better thrive. A system of production paying attention to the local ancestral knowledge and re-valuing it. Nourishing their present and nourishing the past.

4.5 Care and temporalities in agroecology

So far I have described how the different practices of care done by farmers in agroecology nourish the people, plants, soil and animals around them. Furthermore, I illustrated how by nourishing them in the present they also cultivate and nourish an intergenerational memory. I explored these issues while also bringing to the centre of the discussion the role of carers and the temporal structures they maintain to continue the practices. In this concluding section, I bring together some of the major questions this chapter has opened and connect them to the notion of healing that will be explored in detail in the next chapter.

Although care may sound like a passive task of keeping an eye on something, protecting it or safeguarding it, the experiences in agroecology illustrate an active engagement, creativity and innovation in these practices. For instance, the reproduction of traditional recipes requires a set of skills, sophisticated knowledge and materials. As the case of the colada de uchu jacu shows, it can be an intense and time-consuming labour. Cooking, producing fertilisers, processed condiments and beauty products, are not merely the result of a diversified production, but also the creative responses of women to keep and extend such diversity.

Although I have echoed Sharma's debate on uneven temporal structures, in contrast to her depiction of these structures (Sharma, 2014a, 2014b), in the feria, the producers are not feeding a modern businessman but rather low income population looking for healthier alternatives. In this context the possibilities of 'disruption' (Sharma, 2014a) become more complicated because there is a sense of shared solidarity among

them rather than an evident structure of power. Still, more politics of care are needed in the agroecological projects to address the conditions upon which the carers do their work.

I have also highlighted how complicated it is for the projects to continue without a stronger institutional support. Although agroecology represents a completely different model from the agro industrial production, in practice many of the families involved in the projects participate in both models of production. This is one of the reasons why there are more women involved in the ferias; in many cases, the husband and even the children work in plantations and flower farms. With that evidence in mind, it is naïve to think that without more incentives and support for agroecological producers, but also more control over the constant dispossession of their lands and contamination of their resources, the agroecological model can prevail over the agro industry.

To illustrate part of the political work that needs to be continued in order to mobilise more institutional support, Sherwood and Paredes (2014) show in their study how the pro-pesticides groups in Ecuador have composed a team of experts to create "truths" that help them mobilise their agenda in positioning the use of agro-toxics as compulsory for agricultural production. The idea of food production with the help of agro toxics, has consolidated in the region with the entry and expansion of the production of transgenic soy and the use of pesticides. Argentina and Brazil are two examples on the rapid expansion of this model. The social movements concerning peasants in Ecuador have been fighting to revert this tendency in the country. As part of what Peña (2016) calls the institutionalisation of food sovereignty in Ecuador, the constitution of 2008 introduced article 401, which declared Ecuador GMO-free territory (Peña, 2016). This was intended not only to stop the entry of GMO crops in general, but rather to stop the expansion of monocultures like transgenic soy, in which small farmers are expropriated from their lands, and their resources are contaminated with agro toxics. Despite this achievement, there have been some irregularities with transgenic soy entering the country, so the social movements are still fighting to enforce the law (Artacker, 2019; Artacker & Daza, 2019). This is only one example among many of how social movements are working in legislation and institutional support that protects their practice from land grabbing and contamination. However, within the current politics of austerity mobilised by the government of Lenin Moreno, and the consolidation of an agricultural model based on exportation (Macaroff, 2019), the social movements do not perceive much margin for negotiation (MESSE et al., 2019).

One thing I have suggested as a small contribution to advance in the recognition of the labour of care in small agriculture is to pay more attention to the politics of care that challenges the anonymization of the labour of carers. What I mean by this is that, for instance, as I have discussed, traditional recipes are generally valued in terms of a patrimony belonging to a culture or a nation but less so for the labour of carers in maintaining and continuing them. We can ask, who carries the weight of reproducing the feria's temporal structures? What happens when we add to the measure of hours spent in caring, a qualitative view? For instance, what the hours of cooking with a wood-burning stove implies and how is it different from other caring activities? How the activities of nurturant care and dirty work (Duffy, 2007; Roberts, 1997) can be differentiated and how they coalesce within the labour of carers? What expectations are made of certain bodies to calibrate to the dominant temporalities (Sharma, 2014b)?

The practices of care of these producers maintain important knowledge and connections among generations while fighting at the same time for their health and their communities' health. The stories presented in this chapter offer an alternative to detemporalised readings of the agricultural practices involving traditional knowledge by highlighting the dynamic connection of carers to the past and its non-linear structure. The past to which the carers relate, in this sense, is not abstracted from their story; it is a past they find meaningful through their embodied experiences and memory they share with their ancestors and the affective will to create a better present. There is a tight connection between agroecological production and health, both for consumers and producers. In this sense, it is very common to find consumers in the ferias who are usually more concerned with eating healthier diets. For example, when I was in Cayambe, a woman came to Doña Rosa, she had a problem in her eyes.

> Notes from my fieldwork: A client arrives asking what Doña Rosa could recommend for conjunctivitis. Doña Rosa tells her that chamomile is good, but the lady says that it has not worked. Then the wild white roses, she says. She can bring some to her, but the next day. Doña Rosa tells her that the roses alleviated her after an accident almost lost her eyesight. I have a plant of those roses near my house since I was a child, she says. After the accident, I used to wash my eyes with water infused with the roses. Doña Rosa agrees to bring the roses to the lady the next day. Another client arrives and asks her about the blackberries, are they toxic-free, he asks. Everything here is toxic-free she assures to him. He tries one. The flavour is so different, isn't it?

Thus, healing is a crucial element shaping agricultural practices and rural societies. Focusing on healing practices opens the possibility to explore the rich relations agricultural carers maintain within their territories. Following this line of thought, while also moving to a different practice, the next chapter will explore the labour of the carers particularly through the lenses of their healing practices.

Chapter V. Attuning to the past in the practices of care in traditional midwifery

5.1. Introduction

Chapter Four illustrated some of the connections farmers maintain and nourish, drawing on ancestral knowledge and creatively innovating too. This chapter further expands the discussion on the labour of rural and agricultural carers in caring for the past, but it focuses in more detail on the carers' interaction with plants, animals and other significant entities. To do so, it follows the practice of traditional midwifery since midwives' knowledge of plants and animals goes beyond food production, thus bringing to the analysis a complimentary lens to understand the labour of carers interweaving time and space in their territories. The chapter works with Despret's (2004) notion of 'being with' and 'atunnement' to refer to the carers' interactions with different beings and entities; it proposes that these interactions draw on specific expectations of the midwives (to heal or help the patient in the present based on their particular stories), but that they are, at the same time, open to uncertainty.

Midwives, this chapter illustrates, work with the healing power of plants and animals, asking for their permission to heal and expressing gratitude towards them. Nonetheless, to move away from an idealisation of the practice, the chapter also illustrates the relations of power, sacrifice and death that weave its different elements together. This clarification is necessary because a primary goal of this thesis has been to contextualise tradition in its complexity, which can involve contradiction and paradox (E. Archetti, 1998; Belcourt, 2019). The argument I put forth is that the practice produces, in words of Billy-Ray Belcourt, 'entangled worlds', with hierarchies and power relations within which the carers and other entities and beings exist. More importantly for this thesis, failing to acknowledge such entanglement of complex – and sometimes contradictory - relationships, may reproduce a form of oppression to which I have mainly referred as detemporalisation through which tradition is read outside its temporal dynamic of being and becoming. In contrast, following the so far delineated argument in the thesis, this chapter illustrates the multiple forms in which the past is interweaved in the present through the labour of care of midwives.

As discussed in the introductory chapter, traditional midwives are more widely traditional healers. This means that although they are specialised in pregnancy, labour and postpartum, their knowledge is not limited to that area. They are more general the healers in their families and communities, and in the case of the most renown midwives,

even outside their communities. They have a vast knowledge regarding all sorts of body conditions, from colds and fever to body aches and anaemia. They share a general approach to the practice, which I found across the different territories I visited, based on a conception of the body in which its temperature must be balanced. When the body is either too hot or too cold, it presents problems. Accordingly, the plants and animals with which they work are often classified within a spectrum of heat. Their job includes choosing wisely among the possibilities they have in hand in the different cases, and equilibrating the bodies they are treating.

Having said that, there is not one perfect way or formula to equilibrate everybody but rather, each body will present different needs. For example, in general, midwives recommend pregnant women to stay warm during pregnancy, labour and postpartum. However, they will not provide the same treatment to every pregnant woman because their bodies will be different depending on the age, place of residence (some colder than others), or if they present some condition such as anaemia. Moreover, the commonly spread knowledge of warming up the body for labour without the proper care and knowledge provided by the midwives can result in compromising the woman and baby's safety. In fact, In Otavalo, one of the recommendations that the doctors working in maternal health made in the workshops they organised for midwives was to avoid warm beverages before or during labour, doctors believe that giving warm drinks to patients is overall a poor caring practice. Midwives, however, explained that it is not a bad practice per se, but that it has to be done correctly. Doña Flor, for instance, told me the story of a woman that was almost suffocated to death because some healer overheated the room. In her own words:

> Doña Flor (midwife, Otavalo): Here in the community, a woman had broken waters and came to look for me at nine at night. I went there. There it was a shaman [traditional healer] with his wife. They had been attending to the woman. I saw the patient, and she was pale, I thought she was already dead. God, I said, I'm not going to touch her, we must take her to the hospital. I can't help, I told them, but they begged me. Praying to God and asking for his help, I started working. That shaman had given the woman an infusion of coriander seeds with onion. That is hot. In addition, they have also lit the wood to heat the place. So, of course, they had been suffocating her, there she was passed out. Another fellow midwife was also helping. I told them, well, we have to take out all of this smoke, what you have done should not be done, I do things differently, in a clean

> way, without this smoke. Then we gave the woman fresh water, and she woke up. Now we can proceed, I told them. And there we began with labour, but the baby was dead. He had suffocated with the umbilical cord, two laps around his neck. I unravelled the umbilical cord from his neck and said, My God, he is dead. However, I kept praying and asking God to help me; I gave him mouth to mouth breathing. After about ten minutes, he cried. I saved him! I saved the mother and the baby, thank God I was able to help.

The infusion of coriander seeds is a common remedy to help women in labour to speed up the process. It is known as a hot beverage. What is likely to have happened in the story of Doña Flor is that the woman in labour was not able to give birth because the baby had the umbilical cord around its neck. Ignoring this, the shaman and his wife tried to elevate the temperature to help the woman in labour, but they ended up suffocating her. Traditional midwives can tell when the umbilical cord is impeding the baby to get out. In many cases, they can sort it out too by accommodating the baby with techniques that vary depending on the midwife. But also, in many cases, for instance when the baby has more than two laps of the cordon around its neck, they refer the patient to the hospital because they know the woman needs a caesarean. However, there are many cases, in which women in rural communities give birth by themselves or with the help of a family member, and they use some of the common knowledge people share. The problem is that when they face a complication, they do not have the tools to respond adequately, putting the lives of the mother and the baby at risk. Midwives, on the other hand, do not follow one general procedure mechanically nor do they use the same medicine for all their patients. Instead, they attend to the different needs of each body, which in some cases can be treated with an infusion and in others not.

This chapter presents some of the tools that midwives use in their practice and explores how they draw on an embodied memory of interactions that have shaped their territories, their lives and their practices. Moreover, I talk about living beings and entities with agency, with whom the midwives work along to prepare their medicine. The chapter is divided into three main sections, plus a conclusion. Each section explores the work of midwives with different beings. The first section, examines some aspects of the interaction of midwives with animals. The following section goes beyond an 'interspecies' relationship to focus on midwives' practices around the placenta. The third section discusses the carers' relation to intuition exploring how it shapes midwives' present practice and relationship to their ancestors. It does so by discussing the work of midwives

with plants, illustrating how they learn their practice through helping to manipulate plants and prepare medicine. All these interactions highlight that a) experimenting is a vital part of the practice and b) midwives approach their practice as a form of attuning to the bodies. Throughout the chapter, I stress the affective connection of carers to their ancestors and present generations shaping their practice. The goal of the chapter is not to make an exhaustive ethnographic description of the practice in a given culture, but rather draw some common elements from different contexts to discuss the enaction of a logic of care among them that can relate more broadly to traditional healing practices in rural areas.

Detemporalisation is read in this chapter through the emotional embodied connection of midwives to other human and not-human beings. The stories in this chapter show the intergenerational labour of midwives in connecting people with their territories through their relation to plants, animals and other beings like the placenta. I highlight through the stories that such connections that midwives weave in their territories are not connections existing outside their practice, but instead, they are made possible through their practice. The chapter illustrates that traditional practice of midwifery maintains complex temporal structures and ecosystems, by bringing together beings in a way in which they are not naturally related. I thus argue that the connection to the past and ancestral knowledge in traditional midwifery makes possible, continues and re-invents meaningful connections among beings through which people connect to their territories, heal and thrive. Detemporalisation once again occurs when tradition is understood and used as a decontextualized common knowledge that can be applied to any given situation, and not, as in the practice of midwives, as a lived shared knowledge that can respond to different circumstances, shape and transform the environments, as we will see throughout the chapter.

5.2. Healing with animals

Midwives' practice relies on animals in different ways. The most obvious connection is through their use of food to heal and give strength to their patients. The midwives I interviewed suggested that many of the problems their patients have are due to their unhealthy diets. Doña Lucy, for instance, told me that women nowadays are not as strong as before, other midwives had the same impression. She put it this way:

> Doña Lucy (midwife, Otavalo): Before, the mothers had the strength to push, now the mothers, especially the young women, are not strong enough to push, they do not have the strength. I am even afraid to have them as patients. Now it is

known that our tissue here can be torn and haemorrhaged so you cannot make women push a lot, you have to be careful, not all of them can do it, you have to observe them. I can tell by feeling here, if it goes deeper or not, you can feel it as if something is coming out from a bag. That way, I can tell if they will be able to push or not. In these times, they cannot push much.

Me: and why will it be, why do you think it is?

Doña Lucy (midwife, Otavalo): I think it's because of the food. Beforehand, my grandparents told me that they have never known pasta, rice, nothing of the stuff you buy from the store. They only ate things from here, grains, what we harvest. That is what they used to say; they told us, you have no strength because you eat noodles and rice. I think this must be the reason.

But the issue of unhealthy diets was not only voiced for pregnant women; much of the medicine that midwives use relies on a diet that nourishes the body. To be healthier and stronger, they would usually recommend eating lamb, grains and plenty of vegetables. They recommend other specific things for particular conditions, for instance, eating chicken liver and greens to cure anaemia. They also recommend to stop eating some specific foods depending on the condition of their patients. For instance, Doña Carmen and her daughter Estela told me that too much coffee could cause infertility in women, so they recommend avoiding coffee to women who want to become pregnant. A piece of standard advice among the midwives that were sampled is to avoid eating guinea pig and pork in the days after giving birth because those are irritating meats. Indeed, as discussed by Archetti (1997), in the Andes, pork and guinea pig are considered hot food, the guinea pig being the hottest among meats. They are a great source of energy, but their consumption is not recommended when there are bleeding and wounds (Archetti, 1997). Likewise, when midwives are assisting births, chicken soup is usually something they use to give strength to the women, before or after labour. Thus, animals can be a source of energy and good health, or the opposite, depending on the patient and their condition.

Furthermore, midwives also incorporate animals in their practice more broadly, not only for food. For instance, Doña Raquel, a midwife from the south of the country, told me about her first experience attending a birth where she used chicken feathers as she had learnt from her grandmother. Doña Raquel comes from a lineage of midwives; she learned from her mother and grandmother.

Me: do you remember the first baby you helped deliver?
Doña Raquel (midwife, Cariamanga): yes, I do remember, it was my sister, Ana. She was the first, and it was not planned. That day, the husband was not there, he was drinking as usual. At night, I remember, she called me at around 1 am; she called my name loudly. Hey, she says, it seems that the baby is coming. Do you feel it? I say. Yes, she replies. I ask her, you did not have anything to eat for lunch; do you want me to pluck a hen, so you can eat something? I took the hen and peeled it. It was cold because she lived next to the river. You're cold, I say. I told her, I remember that these feathers of the hen my grandmother used to put them in a vessel, or on the floor, it doesn't really matter, with coal -because in the countryside we usually cook with firewood. She [the grandmother] sliced lots of raw cane sugar in the vessel and then covered it with the feathers. It smelled so delicious, and my grandma said that it would also feed the pregnant woman and give her strength. Yes, my grandmother was fearless. At that point, I was not like that. So I put the feathers on the vessel and heated the house.

So, for Doña Raquel, her first midwifery experience was intrinsically intertwined with animals, both in the form of food and as a source of heat for the room. Like in Doña Raquel´s story, one of the most important things for midwives when helping deliver babies is that the woman in labour is warm enough so she can give birth more easily. Many of the problems women face during labour happen because they are not warm enough; they repeatedly explained that to me. However, as I noted at the beginning of the chapter, it is not as simple as warming the bodies up. They have to be careful and attentive to the patients and to how the situation shifts. Doña Elisa, a midwife from Tabacundo, pointed out that she rather uses massages to heat the body instead of infusions when she feels it is not safe enough for the woman to drink something. She explained:

Doña Elisa (midwife, Tabacundo): when the person is too cold is when she suffers most in the delivery because the muscles are more contracted and do not relax. I have told them to drink infusions but not of too hot plants. As I told you, you have to try to temper. So what have I done in cases when I don´t use infusions? You know, Creole hens are usually chubby and have plenty of fat. So, if you wash the hen thoroughly and you cut the skin but do not let the fat get wet, take that fat with your hand and keep it in a container. That will be a remedy for colds. For pregnant women, as we do not know how the organism will receive an infusion, I

> treat them more frequently with massages with that fat to warm them up. I tell them, take some chicken fat with around four chamomile seeds in a small pan, when the fragrance of chamomile comes out turn it off. When I do it, I put my gloves on, and I rub it on their bellies and on their lower back. The fat absorbs the cold and calms the pain, but it is safer for her organism than drinking something.

The use of the fat in this story and of the feathers of the hen in the first story illustrate practices with the animals that are not necessarily shared with other farmers who are not healers. The use of animal fat to warm the body up is a widely shared practice in different regions among traditional healers. For instance, the compilation of life stories of traditional healers in the country by the Ministry of Health (Leon, 2015) illustrates the use of animal fat in the Amazon:

> [Story told by Herminia Antonia Tapuy, midwife from Orellana] To accommodate the baby in the belly of the mother we put iguana and chicken fat (...) Iguana fat is better because it gives strength to the baby; it helps the baby to be born well and develop well. My grandmother used boa fat and chicken's fat. Now it is challenging to find boa, it hides. You can find it around the yuccas waiting for the mouse. It is brave, and you have to take a long stick and hit it hard. The head and the tail are cut off; the fat is taken from the middle of the body. With that fat, I massage down and inside, with that massage the vagina opens well, and it does not rip, women can give birth fast. These are the knowledge that I inherited from my grandmother and my mother.
>
> (Leon, 2015, p. 58, my translation)

This story also illustrates another important feature of the relationship of midwives with their localities, which is that the practices of traditional healers are marked by the ecosystem of the different territories they inhabit, which is in turn shaped by these practices. Through the practice they learn from their ancestors, particular interactions with different animals, be these domestic or wild like in the case of the boa, are continued and maintained. Tools, instruments and language designating the different elements of such interactions are shared among generations through the practice. Elements of the world that do not intuitively go together are brought together, such as the cane sugar and the hen feathers, or the chicken fat and the camomile. The relationship of midwives with animals is not only marked in terms of food (think of the chicken) or predators (like the boa), the interaction with animals through their practice allows them, following Whyte´s

reading of indigenous food, "to convene biological, environmental, cultural, social, economic, political, and spiritual aspects of communities" (Whyte, 2016, p. 358). Midwives bring animals to matter in a way that is not directly related to feeding, and which appears to be mainly shared within these groups of experts. Along these lines, farmers I interviewed often told me they admired the knowledge of midwives -and traditional healers in general, on plants and animals.

The most notable example of the complex interaction with animals for healing in the Andes is the guinea pig. Famously in the Andean region, natural healers, including midwives, work with the guinea pig to diagnose and heal all sorts of diseases. The midwives who use this method, do it when they want to make a more thorough diagnosis of the person. Although they use other methods too, like rubbing an egg through the body and then opening it to see what is wrong, or checking the urine, the guinea pig is the most accurate. Estela, a young midwife I interviewed with her mother Doña Carmen, also a midwife, explained:

> Estela [Midwife, Otavalo]: We diagnose with the guinea pig, otherwise is impossible to know. People do not tell all the truth. For instance, they come with a stomach-ache, and I ask them if they have any other symptoms, they say they don't. Then when I see in the guinea pig I tell them, you also have a headache, and they say, yes, I've been suffering from headaches for two years now.

As this fragment shows, they not only trust the guinea pig more than other methods, but it also helps them to build trust with their patients. The guinea pig tells a story that maybe the patients would not tell because they do not know or did not find relevant. More importantly for the purposes of this thesis, guinea pigs help become rapidly attuned to their patients' embodied story, which allow the midwives to examine that story and find the best possible answer to their problems. This is only one of the forms in which the guinea pigs connect the carers to the past, in this case, the embodied past of their patients.

The connection among people through a specific mediation of the animal is crucial to understand traditional midwifery. Going back to Whyte, one of the more critical things about traditions of care is not only the diversity of crops and species they help maintain, but more importantly, the relationships among people they build and maintain; for instance, the relationship where people trust the carers to do a good job. This mediation of other beings to build trust and community is one of the main features that keep

appearing in the stories of farmers and midwives. Chapter Four also illustrated how the interaction of carers with the land through the knowledge of their past ancestors helped them to build trust with those they are involved with in the present. Such was the case of Doña Celeste, who drew on knowledge and interactions with the moon and the cycles of the day to gain the trust of her husband. However, and here I follow Despret's discussion on belief (Despret, 2004), the most important thing in the shared interaction among generations of carers with different beings and species is not to prove something to be accurate. Rather, the important thing is to maintain a sense of trust upon which meaningful relations are maintained, being one of them the role of the midwife in the community. The guinea pig is thus crucial in the practice of midwives to build a diagnosis that allows midwives to attend more thoroughly to their patients needs.

It is worth noting that this relation to guinea pig connects to a long memory of interaction of rural women and guinea pigs in the Andes. The guinea pig – 'cuy', in Kichwa for the sound they make - is an ancestral domesticated animal of the Andes. Traditionally, women have been in charge of the care of this animal that is widely present in their lives (food, ceremonies, healing). Likewise, as discussed in the previous chapter, the commercialisation of the guinea pig to generate additional income for the family can be crucial. Also discussed in Chapter Four, although it is known that people in the Andes eat guinea pig, this is not an everyday meal in their diet. Instead, guinea pigs are eaten on special occasions, such as celebrations, weddings, baptisms, etc., and otherwise sacrificed in ceremonies, like healing ceremonies. Granting that it is a widespread domesticated animal, present in almost every rural house in the Andes, due to its controlled consumption, it is not massively produced, and in comparison with other meats like pig and lamb, it is more expensive (Archetti, 1998).

Andean peoples have a long-standing, complicated relationship with the guinea-pig, particularly women in the Andes who have been in charge of breeding the animal. As Archetti explains, guinea pigs' traditional habitat (being a domesticated animal) is inside people's houses. In fact, they are the only animal allowed to be inside the house, one of the reasons being that it is kept in the house to protect it from its predators and other environmental risks like cold weather. Not even dogs or cats are allowed inside the house because they also represent a threat for the guinea pig. They share a space in the house with women that has traditionally been maintained as a female-only space, the kitchen. Keeping them in the kitchen serves different purposes, one is that women can keep an eye on them, clean their pen, which has to be continuously done more than once a day,

feed them and generally attend to their everyday needs. The other purpose has to do with the proximity to the heat; typically, their pens are built very close to the fire. This proximity to the heat keeps them warm considering the cold Andean weather, especially at night and early in the morning, but another reason for some breeders is that by being in constant contact with the smoke from the wood-burning stove, their meat will be more delicate and succulent (Archetti, 1997).

Going back to the question of the worlds that these forms of connections with the animals help to build, the care for the guinea pigs shapes the routines of the household in the Andes. Although a guinea pig's main diet is based on different types of grass, they are also fed with vegetables and fruit leftovers. People do not only feed them with leftovers, because if they were to, then the guinea pigs would stop eating grass. However, there is the notion that feeding them with leftovers besides grass and other plants will make the meat more succulent (Archetti, 1997). The diet of the guinea pigs is by itself an important area of expertise. Besides of the carers, who are usually women, the rest of the family becomes involved in their feeding because they help with the gathering of food. This knowledge involves the classification of more than ten different grass species suitable for them to eat, the seasonality of crops and which of the options is better according to the temperature -if it is too hot or too cold. In many cases, guinea pigs do not have a pot of water to drink from because they can drink too much water and the quality of water is not always the best for consumption. What these women do instead is to soak the grass in water. There is a delicate balance to meet though: the grass has to be humid enough but not too wet, otherwise it can make the guinea pigs ill (Archetti, 1997).

Regarding healing, the practices vary across the different regions, families and healers, some prefer particular breeds like the black guinea pig (Barahona, 1982; Morales, 1995); others prefer only the guinea pigs that have lived with the patient they are attending (Archetti, 1998); some eat the guinea pig with which they made the diagnosis, others do not. What is certain is that the practices with guinea pigs for healing have to do with how closely they are related to humans and how sensitive and receptive is the guinea pig to its surroundings. Women in the households rely on the guinea pig, for instance, as a sort of oracle, as illustrated by Archetti:

> Many natural events, such rain or frost, and some social events too, such as a possible visit of a guest, or an illness of a relative, are interpreted from the noises and behaviour of older guinea pigs. (Archetti, 1998, p. 226, my translation)

The guinea pigs' sensitivity and in a way, their capacity to be affected by their surroundings, is what the healers work with in the diagnosis. Diagnosis generally consists of selecting a healthy animal, male or female depending on the patient, and rubbing it all around the patient's body. During the procedure, midwives pray and ask for the help of God, and many use tobacco and alcohol to help pass the diseases of the patient into the guinea pig's body (Archetti, 1997). Then, the guinea pig dies, and the healers open the body to check for different signs of illness that the patient has. "You have to wait" explained Doña Elisa, "some people grab their heads too hard when rubbing them, so they die, but it doesn´t work that way. You have to wait, just do the rubbing and wait. If after a while the guinea pig does not die, it is fine, maybe you will live longer, and that animal takes all the bad things you had with it. However, you cannot keep it; you have to leave it in the wild. In the cases when they die, you can open them and check what the problem is with the person". Midwives call this method "X-rays" because, similar to an x-ray image, they can get a picture of their patient's conditions.

Again, according to the women I spoke to throughout the research, there is a distinction between good and bad practices. Although there is, without a doubt, a hierarchy between humans and guinea pigs and a relation of power through a ritual that converts the guinea pigs into 'victims that can be sacrificed' (Archetti, 1997), there are certain principles of care that distinguish a good practice from the rest. As Doña Elisa explained, during the diagnosis, for instance, a guinea pig can die or not die; a good carer knows that both results are possible and works with different options. When the rubbing is performed, there is an 'expectation' (Despret, 2004) that the guinea pig will absorb the information of the patient that the healer can later read, but they do not force such a result. The guinea pig in this sense plays a role that needs to be trusted, both if they die and the healer can read the information in their bodies, but also trust in their healing power if they do not die. Notably, following Despret, there is a work of 'attunement' between the midwife, the patient and the guinea pig based on affective connections among them (Despret, 2004). As will be discussed throughout the chapter, through their affective interaction with different beings, midwives access a lived past that does not follow one single linear trajectory but that is rather open to unpredictable outcomes. In this way, midwives work with the unpredictability of the bodies they are caring for but also of those with whom they care.

Moreover, the work of attunement can also bring us to a different form of understanding agency. As suggested by Bastian, agency is not always the delimitation and

completion of some steps towards a clear goal (Bastian, 2009) but rather, in the case of the diagnose with guinea pigs, it is a form of attention in the present where the past is brought to enact change. More importantly, following Bastian, such a change is not entirely in hands of the midwives but significantly in the healing power of the guinea pig too. Better put, change is made possible within the connection established between the midwife, the patient and the guinea pig; as explained by Bastian, "[change] is always an interaction, a mutuality and the instigator is never the individual rational self, but is rather the intervention of an other" (Bastian, 2009, p. 113). It is also worth noting that, the diagnosis is not about addressing a single trajectory but rather a more dynamic movement of exploring a past multiple. Midwives usually take into account the embodied stories they find in the guinea pig along with things such as, where the patients have been in the past days and if they have had some kind of problem within any given relation in their lives. Midwives practices of care is more accurately funded, in words of Mol, in "an interaction in which the action goes back and forth (in an ongoing process)" (Mol, 2008, p. 18).

So far, I have explored some of the connections midwives maintain and continue with different animals. Although the guinea pig is probably the most common animal in healing practices, particularly in the Andes, other animals are also part of midwives' practice. For instance, in the south of the country in a subtropical area, Doña Alba, the eldest midwife I interviewed in my study, told me the story of a baby she brought back to life with the help of the tweet of a chick. She told me that she lived in a town on the coast for some time and there she helped the doctor in the medical centre. She used to teach him some things, and he did the same thing for her. Once, he told her that because in the countryside she does not have oxygen to give to patients, if they need it, she should take a little chick and make it tweet in the ear of the baby. And so she did that with that baby and saved its life. Doña Alba learned most of her practice from her mother and grandmother, but in this case, she incorporated something in her practice that did not come from her ancestors but was taught to her by a doctor, and which she later taught to her daughter, Doña Raquel. As I will show throughout these chapters, midwives are continually learning from other healers and doctors too. What this brings to the discussion on animals for now, is that midwives shape their territories where animals and other beings are 'made to matter' (Evans & Miele, 2012) in particular forms within their practice. Midwives have been populating their lands with meaningful relationships through which they take care for their communities and heal their people. This relationships as the

stories portray are weaved with both life sustaining practices, not only human but also for plants and animals, as well as with death and sacrifice.

In the next section, I discus a connection to a different entity to illustrate another form in which the midwives shape their territories through their practices of care. The discussion follows Tallbear's comparison between *indigenous standpoints* and the notion of *interspecies* in social sciences, showing how they do not match completely (TallBear, 2017). Although agricultural and rural practices are significantly about the connection of people with other species, other beings and creatures that do not completely match with the notion of 'another specie' also populate their entangled worlds and the following section seeks to illustrate the significance of one of this connections.

5.3 Practices with the placenta

I find the connection to the placenta, in the practice of midwives, illustrative of the complexity of midwives' labour of care because they enact forms of rooting people in their communities, which illuminates midwives' labour interweaving time and space in their territories. The placenta is not an "organismically defined" living being (TallBear, 2017, p. 188) like animals or plants. Within anatomy, the placenta is known to be a part of our bodies, an organ of the human body with no independent existence outside of it. However, within midwives' practice, the placenta is treated as a meaningful being in and of itself, which is connected both to the baby and to the earth. There are different rituals in which midwives and the families pay their respect to the placenta. Moreover, the rituals are another form of connection, knowledge and meaning of the lands they inhabit. For instance, going back to the story of the midwife in the Amazon in the compilation of the Ministry of Public Health, she narrates,

> [Story told by Herminia Antonia Tapuy, midwife from Orellana] the placenta is buried outside the house. Not far away, just beside the house, with *chonta* seeds [a native fruit tree], because the *chonta* is hard and does not die. The elders had a specific place to bury them, a sort of cemetery; there, they always buried the placentas of all the children. However, you could not bury them too deep, because if you did, when the children got older, their milk teeth would not fall and they would suffer.
>
> (Leon, 2015, p. 59, my translation)

Another midwife from the same province narrates a similar story where a connection to the children's teeth is told:

> [Story told by Ludovina Antonia Licuy, midwife from Orellana] When the placenta came out, it was buried behind the house. Sometimes wrapping it in the rags that were used for childbirth, other times only the placenta and on top, a fire was made that was lit for six days so that the placenta was hot and the child's umbilical cordon would dry faster. It was also said that the teeth of the child became stronger. No matter the place that the placenta was buried into, the important thing was to turn the fire on. It was buried next to a bush or a tree. I always did that with my children.
>
> (Leon, 2015, p. 49, my translation)

As illustrated in these examples, the placenta has a role in the children´s lives beyond its role in holding the baby while connecting it to its mother during pregnancy. On the one hand, it has a special place to rest after leaving the body, which helps the child grow healthy and protected. On the other hand, some things could go wrong if it was buried too deep. Once again, the issue that the women stressed to me is that what matters in this practice is not only the disposal of the placenta, but also how to do it in a caring way that protects the wellbeing of the baby. Burial is the most widely shared practice among traditional midwives of different regions. Apart from this, there are various practices among them, but burying the placenta is an essential common practice, which acknowledges some agency in the placenta that has to be respected and valued. As Tamia, a young indigenous midwife of Cotacachi explained to me,

> Tamia (midwife, Cotacachi): with the placenta, to tell you the truth, I don't do much. For us, it is important always to give it a blessing, thank it for carrying the baby, clean it with the smoke and that's pretty much it. What we do is a wake, it's like saying goodbye properly, you know? So that it has a good trip and also for the baby to stay well here. We treat it as we would treat a person. For three nights and three days, it is watched and then buried. That is what we do. However, now, with all the different things people do with the placenta, it would be great to be able to know more about it and implement them, always in a respectful way. It has so many properties that it would be wonderful to give it other uses too.

All traditional midwives I interviewed were familiar with the practice of burying the placenta. Even when there was no cemetery per se, there was always a particular site to bury them. Typically, they find a place where it can be protected from the cold and animals who might eat it; which in many cases is beside the stove. Tamia is also part of a

community of urban midwives based in Quito. Although she lives in Cotacachi with her family, she has attended births in Quito; there she studied a course for doulas. Within the community of urban midwives and in the course for doulas, she learned from other practices with the placenta. Tamia learned the practice of midwifery from her mother, and she is an active member of the Union of Indigenous Peasant Organisations of Cotacachi UNORCAC. In Cotacachi, contrary to Otavalo, traditional midwives rejected the intervention of the Ministry of Health and the proposed certification of their practice. The UNORCAC has been working for a long time to open an autonomous space for indigenous communities in the region, and they are against the paternalistic policies that have failed to protect the reproduction of their ways of living in their territories by trying to assimilate them to the State and a more 'neutral' mestizo citizenship (see, Segato, 2010). Nonetheless, defending their traditions and autonomy does not mean isolated repetition of the same as the case of Tamia illustrates. Midwives in Cotacachi, and Tamia particularly, still learn from different spaces, although they generally do not agree with the policies of the Ministry, they still have allies in the public sector and even in the hospital of Cotacachi; they have also organised events to learn from other midwives in the country. Tamia told me that she had met midwives from the Amazon and Esmeraldas with whom they shared different practices. In other words, they defend their right to maintain and continue a long memory embedded in their territories but doing it while defending their right to shape that memory instead of just watch over it.

Nonetheless, these elements are not homogenous among all midwives in Ecuador. The emergent groups of urban doulas and midwives have a different approach to this matter. Elena, the other traditional midwife from the community of urban doulas and midwives in Quito told me about some of the options they offer to the women they help about what to do with the placenta, some of them she learned from her master, a Kichwa traditional midwife, others from the urban community itself:

> Elena (midwife, Quito): there are two options, well, three options or up to four options that you have with the placenta. One is to take a bit of the cotyledons, prepare a juice, drink it and bury the rest of the placenta; you have to wait about forty days and then bury it. The other one, you cut the entire placenta and make a broth that you give to all the people who were in your delivery. The other is to open a hole next to the stove in the kitchen and bury the placenta. The final option is to make tinctures.

I asked Elena how do they choose among these options, and she told me that it was up to the pregnant woman. It is up to her, she said, it is her decision. I want to highlight here a difference that became more evident while analysing the stories together. While rural traditional midwives tend to refer to their role in taking care of the woman, Elena was keen to highlight the woman's role in the process and the choices she makes, she frequently talked about empowerment while describing this topic, she said:

> Elena (midwife, Quito): I tell women, people give you preference in the seat, they give you preference in the bank. Have you wondered why? Are you sick? I can understand that the baby weighs, totally real, but the care that society is giving you, you should stop and ask, why is society taking care of me? Am I sick? We need to start questioning this system too. Many women come with few weeks left before labour. I ask them, have you attended prophylaxis courses? Have you been preparing for breastfeeding, do you know about breastfeeding and what the milk banks are? Do you know that the Ministry of Public Health protects breastfeeding, not the formula? They know absolutely nothing! So, how can you expect the doctor to tell you what you are going to do and what you are not going to do when you are the one who has to know.

Again, it is crucial to understand this perspective in tandem with the defence of personal choice within the current political context of feminist movements led particularly by pro-choice fights in the continent (see, El Comercio, 2018; León, 2018), and particularly within the community of urban midwives and doulas of which Elena is part. As discussed in the methodology, Elena's urban community is closely related to the home birth movement in the United States (Gaskin, 2010; Lamm & Wigmore, 2012; O'Connor, 1993). Elena is echoing, a shared sentiment of being tired of the society patronising women, particularly in the context of their bodies and health; which has been a central point of gravity for her community to fight for the right of women to home birth, breast feed and denounce obstetric violence. Moreover, she explained to me, that in order to fight for their rights they have had to educate themselves to know what tools they have at hand. Acknowledging this vital fight of feminist movements in this regard, I want to introduce three questions drawn from my theoretical approach to signal some differences in the treatment of the placenta between the context of rural communities and urban ones that help signal tensions between them, and more importantly, the importance of situatedeness of the practice. In the first place, I highlight Mol's (2008) distinction regarding choice and care. The logic around patient's choice, Mol argues, is not necessarily

the same as the logic of care. The ideal of individual choice can end up putting the weight of the patients' vulnerability upon their own shoulders without receiving adequate help. Secondly, drawing on Tronto, one of the reasons that care is undervalued in our societies, Tronto argues, is the fact that people see the need for care as a weakness (Tronto, 1993). Following both Tronto and Mol, the work of care is more related to a shared responsibility that is not the same in all cases. In other words, care is a collective action involving the patient but one where the carers have expertise – and the power for that matter - upon which the patients can rely. So, this is not to say that people receiving care should not have responsibilities and a saying in the practice, but rather to question the rational/autonomous choice-maker we tend to idealise and the effects of taking it as the only relevant reference.

This brings me to the third and final question that draws inspiration from authors highlighting the historical works of particular groups of people, such as women of colour, migrants and domestic workers (Murphy, 2015; Raghuram, 2016; Roberts, 1996, 1997; Salazar Parreñas, 2015; Schwartz, 2014). The question is what kind of labour of care is made visible and invisible within the depiction of care based on the idea of a rational, autonomous individual whose choices are taken as the only point of reference. My suggestion is that the traditional practices of care this thesis follows, such as the disposal of the placenta, connect people to their territories in both temporal and spatial significant forms that go beyond an individual desire of the mother in that moment. Thus, I want to bring attention to the practices around the placenta in terms of the connection to embodied and embedded memory in particular stories and territories. My goal is not to present different practices and the associated benefits for women but instead how the different practices shape relations among people and their territories. Based on my fieldwork, my sense is that the difference between Elena's urban community perspective and the traditional practice in rural settings is that in the second one there is a sense of belonging and connection to a place that is provided for the new-born, which is more challenging to reproduce in an urban context. The connection to the space that the traditional practices provide (for instance, a cemetery of placentas) is more difficult to imagine existing in an urban space.

Among the various practices surrounding the placenta, one that grabbed my attention was the story Doña Lucy told me about her grandmother:

> Doña Lucy (midwife, Otavalo): my grandmother would take and wrap the placenta with one of those old rags; then she used to put the placenta where the rain never reaches it. Back here there is a very high ravine; there is a hollow inside, the rain never falls there, the wind doesn't reach the place, she used to put it there; so it can dry, she used to say. It must dry there, she said, transform into soil. Otherwise, when it is buried in a plastic bag, the placenta goes cold, it hurts. My grandma used to tell me these things. She said that by placing the placenta like that in that place far away, the next baby wouldn't come so soon; the new baby would take from three to four years to arrive, she said. She also read in the placenta how many children the woman will have, and if they were girls or boys. I saw the little balls in the placenta that my grandmother used to read and tell women about the next babies.

Contrary to other cases, where they keep the placenta close to the houses, here the midwife buries the placenta far away, so the women will not get pregnant so quickly. Again, it is worth to note the interweaving of space and time that this practice creates. In this case, the place where the placenta rests, shapes the rhythm or frequency of the woman's pregnancies. The protection of the placenta from cold and rain, and its connection to the baby or the mother remains similar to the other cases. None of my other interviewees recalled anything related to reading the placenta, as in the story of Doña Lucy, but I found a similar story in the compilation by Leon (2015),

> [Story told by Lourdes Trojano, midwife based in Quito] the belief about the placenta is fundamental. For example, some mothers who come to give birth ask for the placenta to be offered to the mother earth. They say that if they do not bury it, the children will live sick, renegade, they are cold, that is why the placenta is given to mother earth. Other mothers tell me they do not want the placenta, so I put it in some pot with flowers, and it makes some beautiful flowers. We know how to count some sort of little balls in the placenta and tell the mother how many more children God is going to give her. Before, it was forbidden to use contraceptives, so I told women what I saw so they could be prepared. Once I helped a niece to deliver, and I read the placenta. My God! She was going to have six or seven children! Her mother had eight children, so I told her she better had a ligation to prevent all these pregnancies, and she did.
>
> (Leon, 2015, p. 47, my translation)

Similar to the story of Doña Lucy, the practice of this midwife relates to forms of family planning. There have been national programs to work with midwives and their communities about family planning and contraception (Radcliffe, 2008) and among the women I interviewed there were mixed views in this regard. Family planning was a concern for many of them and they told me different methods they use to help women have more control over their pregnancies. For others, it was more complicated because of the religious background upon which they based their practice, such as in the case of Doña Alba in Loja. Likewise, although I have heard that midwives also know about abortion-inducing remedies, the fact that people in Ecuador are part of a profoundly religious society makes it difficult to discuss them so openly even if they knew about such remedies; so I did not hear stories about this particular topic. Regardless, in caring for the placenta, midwives are also caring for a connection to the earth that is different from the understanding of the earth as productive land and fertile soil; it is also the place where they belong. The practices around the placenta populate their territories with meanings, such as, 'the place near the fire', 'the high ravine', 'the cemetery beside the chonta tree'.

The practices of care of the placenta involve besides disposing of it once it is out, helping the woman expel the placenta and making sure there are not any remains. When giving birth at home, one common problem is that women are not able to expel the placenta or at least not all of it. Midwives know that this is something they have to be attentive to and ordinary people may not be aware of this. Here also I heard stories of practices that people repeated without the proper care or knowledge. Doña Raquel told me that her grandmother saved some women in her community, whose family went looking for her help after they had delivered the baby but could not expel the placenta. Similarly, Doña Marcela told me,

> Doña Marcela (midwife, Cariamanga): My grandmother, my mom's mother, had died because the placenta had been cut. The baby was born, and the placenta was torn away. They had left the placenta tip with a thread; they say they had the habit of tying it to the toe, the right toe. They say that it was not tied well and the placenta sunk, and so she died. We heard that story that my mom told my dad, so we didn't have the habit of pulling the placenta out even though people do it, we left there until it got out. A new contraction comes when it will come out. And when it didn't come out, we used cumin powder, when the contraction comes they blow a little of the powder. Others introduce a feather, but I do not, I am not

sure that is safe, only with the powder it comes quickly. Another option is the infusion of the chirimoya seeds.

Much of the midwives' knowledge is empirical in the sense that they rely on their experience, and although they are constantly experimenting, as I will discuss further on this chapter, they do it by drawing on some basic principles, knowledge and memory they share with their ancestors. Their practice implies, in this sense, the deployment of a set of technologies and knowledge that allows them to take good care of their patients and build trust from their patients. Moreover, when practising, they not only take care of their patients but also maintain and continue while actualising them, vital connections to their lands and territories. This reading of traditional midwifery counteracts colonial structures in which the practice is treated as an anachronistic tradition of particular cultures. Instead, here traditional midwifery is observed through the multiple practices shaping their territories in the present through negotiation, adjustment and actualisation of past and present relations vital for the flourishing of their communities.

5.4. Intuition and the relation to plants

We can further see the midwives' labour of care in which the past and present merge together in their practices in relation to the way they work with plants. Similar to their use of animals in their practice of midwifery, when we zoom into how they use and work with plants, we can see the role of memory in the carers' connection to their ancestors while attuning at the same time to every particular present. I chose to frame this discussion around the notion of *intuition* because it illustrates the multiplicity of the carers' interaction with their embodied and embedded memory. Note that the midwives I spoke to did not have pre-established recipes set on stone but rather had a profound knowledge of plants, bodies and other non-human beings populating their territories within which they learnt to experiment and with whom they learnt to trust their 'instincts' or intuition in the present. This relationship, although very personal, is also something they share with their ancestors. Tamia explained this to me about her process of learning the practice from her mother,

> Tamia (midwife, Cotacachi): it is more than teaching or transmitting some knowledge; it is to share what you do, so they can see what you do. There is no other way of teaching, really. Intuition is difficult to transmit, but you can transmit the love with which you do things. I remember even in the food she (her mother) prepared for us. She used to say; it does not matter if it is only water with onions

and salt, if I prepare it with love, it will do you good. I feel it as simple as that, teaching by doing.

Here, and repeatedly in other cases, intuition appears as the intention, love or attention with which they do their practice. Whenever I asked midwives what they learned from their mentors, they always told me: the importance of helping others. Doña Raquel told me, for instance, of various occasions when she had to improvise with very few elements she had at hand; like this one time when she only had a lemon and a cucumber with which she prepared a beverage to help some sick friend. She knew, similarly to Tamia, that the thing that mattered the most was the intention she put into the medicine. I could argue, the 'logic of care' (Mol, 2008) with which they perform their practice. Doña Raquel also learned this from her grandmother,

> Doña Raquel (midwife, Cariamanga): my grandmother would walk for hours and hours if someone needed her, even when nobody paid her; people used to give her a hen or some food. I learned that will to help from her.

One of the most significant practices through which midwives learn this logic of care is through their use of plants. The use of plants represents a form of affective connection of midwives to their ancestors, which is both connected to an ancestral embedded memory and to an embodied memory they learn to trust. In the words of Tamia, memory can be understood as a form of intuition,

> Tamia (midwife, Cotacachi): it is important to remember, to remember what we have been forgetting, but it is remembering through your intuition. It's a crazy thing, isn't it? You feel it at the moment you are collecting the plants, because to go to a birth you always collect some plants, there are plants that are the same always, but there are other plants that come to you and cross your path over and over and over again, and you say, I'm going to take these too. In the beginning, I did not reflect much about this, but my mother has told me that the plants crossed my path because they were the plants the woman needed, to heal or to feel better, or something else, but they are what she needed. So, it will not always be very logical teaching, we could say. It's like intuitive teaching, it's learning from intuition, from the heart, I believe. From what you can feel, from what you let yourself receive from Mother Nature too, right? From the beings living there.

I have talked so far about trust in terms of midwives trusting on the healing power of the elements with which they heal and also about the patients trusting them. What we

see in what follows, however, delves into how they learn to trust their instincts and embodied memory. A big part of this process is when they learn the importance of this trust from their ancestors, something they start building in their practice by first approaching and getting to know about plants and their role in the practice of midwifery. The connection to plants in the practice is one of a particular emotional connection for the carers because in most cases their first approach to the practice was through the manipulation of plants to help their mother, father or grandparents. To explore this connection to plants and their ancestors, I split the discussion into three parts. The first explores how midwives begin to navigate the practice by getting to know and manipulating plants to prepare different medicines. In the second, a different aspect of their connection to plants is explored: how they learn through experimentation. Finally, the third section illustrates how midwives learn to trust their senses by attuning to each case and context.

5.4.1. Learning through plants

Based on the fieldwork and the many conversations I had throughout the research, it is fair to say that traditional midwives have an emotional connection with their ancestors through their practice, because in many cases, they actually learned the practice from their ancestors. One memory that was recounted over and over again was one of how the midwives began their practice by helping their mother, grandparents, uncle or aunt with the plants they needed for their patients. The collection and manipulation of plants is often the initial step into the practice. Furthermore, they still teach the practice in this form to younger generations. Thus, we see here the making of present practice using memories of past practice and ensuring that there are possibilities for an intergenerationally shared practice. Doña Marina, for instance, told me about the relationship in her practice with her grandparents and grandson:

> Doña Marina (midwife, Otavalo): since I was nine years old and living with my grandparents, I knew perfectly well what plant was good for each condition. Now I have a 10-year-old grandson who is the same. I tell him to go and bring me the plants to treat the liver or the kidney or for gastritis problems, for instance; he knows and brings the plants for each case, I don't have to tell him which ones to bring, I just tell him what I need them for.

Doña Marina told me she was grateful to have her grandson because not everybody is willing to learn. "I motivate him", she told me, "now that he is starting school I pay him something whenever he helps me, and now he can buy his own notebooks and

pencil for school. He says he wants to be a healer like me. I hope he continues". Many times the knowledge is not shared among parents and children but between grandparents and grandchildren. In many cases, such as the case of Doña Marina, this is due to the children being raised by their grandparents while their parents are working. Estela and her mother Doña Carmen told me a three-generational story with Estela's daughter:

> Estela (midwife, Otavalo): when I clean the patient, she [her daughter] observes and takes notes. She wants to know everything. She is only 12 years old, but she will keep our inheritance. She also helps my husband to plant seedlings; she brings the plants to him, she sows. She helps him and knows what plant is good for what.

Doña Carmen confirms her granddaughter is very curious and takes every chance she has to learn the practice. As I will go onto deeper, later on, Estela was drawn to learn the practice when she got sick, but it was not something she learned from her mother commencing in her childhood, contrary to her daughter now. Helping with the collection and preparation of plants is the way most of the midwives learned and got interested in the practice. Doña Flor also told me a related story,

> Doña Flor (midwife, Otavalo): I lived with my grandpa. My grandfather was a midwife; he was a scrubber too. I remember my grandpa told me, 'you are only eight years old, but you are brilliant'. By that time, I already knew what plant could relief various pains; I knew the difference between the cool and the warm plants. When my grandpa was taking the plants for his practice, I was watching.

Doña Flor had a granddaughter, who was learning the practice with her, but her mother migrated to Europe, and so she could not continue with her teachings. "I was very sad when she left", Doña Flor told me, "I wanted my children to inherit my practice, but nobody is here anymore, that makes me want to cry. My granddaughter was brilliant; she knew the uses of different plants". When the opportunity to share the knowledge is lost, I argue here, is not only its extension into the future what is at risk but also the maintenance of particular relations connecting different generations to their territories in the present. Sharing their knowledge is something midwives actively seek, they can have doubts about openly sharing it and are more willing to share it with significant others, but this is not only because they want to preserve a lineage in their families but because the sharing of the practice implies commitment and emotional connection. Something I learned from my interviews is that it is not only about what they can teach but also that the interest in their knowledge makes them feel valued and recognised.

When they are starting, the apprentices are usually not allowed to touch the woman in labour or stay for the actual delivery. Nonetheless, they help to prepare the infusions and medicine the midwives need. As Doña Marina explained, midwives give them the task of collecting the plants. In this way, one of the first experiences of the practice is getting to know the plants and their healing powers to prepare the medicine they need. The MSP compilation of life stories (Leon, 2015) records similar experiences across the regions, for instance, this one in the coast:

> [Story told by Noemí Honores, traditional healer based in Guayaquil] when I stayed with my uncle, he told me "daughter, help me with this", he made me prepare the herbs that we had in our community [...] My uncle said: "pick up the herbs and put them on a tray, I'm going to clean a baby". He taught me to connect with the earth, to ask permission from nature to get the herbs.
> (Leon, 2015, p. 86, my translation)

Plants are in this way not only entities with healing powers but also a way of sharing and caring-for and caring-with their ancestors through which they learn how to prepare the plants to become medicine while also learning to respect them and being grateful, to put the right intention into them. Midwives always refer to plants with affection; they call them ‘plantitas’, or ‘montecitos’ in the south. In many cases they have cultivated them in their own gardens, but they would also recollect plenty of wild plants in their surroundings and also when they are walking towards the house of a patient, like in the story of Tamia and her encounter with the same plant again and again in her way to a patient. In many cases, they also use plants from different regions. Doña Carmen and Estela told me, for instance, that there are plants they use that only come from the Amazon.

The plants, particularly in the Andes, are classified into hot, cold and temperate plants, and midwives also differentiate them according to the type of flowers and leaves, for instance. Nonetheless, the use of plants is not necessarily dictated by the knowledge of their properties only, but by experimenting with them and seeking the right one for each patient, even for patients with the same condition. The next sections explore this relation to plants in more detail.

5.4.2. Experimenting

The knowledge of plants, particularly in the Andes, where I got to spend most of the time during my fieldwork, is vast and complex. Indigenous people of the Andes have millenary

agricultural and healing practices, which are illustrated for instance in the variety of traditional healers they have, from midwives and yachaks (or shamans) to scrubbers, dreamers, herbalists and more. As I have discussed throughout the thesis, midwives' knowledge itself expands far beyond attending women in labour to all sorts of practices that deal with different conditions in their communities. A vital part of all these *ancestral practices,* as they call them, is that they are continually actualising and expanding them. One of the ways in which midwives relate to this ancestral practice and actualise it is by experimenting. Moreover, through experimentation, an emotional bond with the ancestors is built because they explore and actively investigate the practice. The story of Doña Elisa, a Kichwa midwife of Tabacundo illustrated for me this complex relationship with plants. She explained to me that in the Andean philosophy, there are hot, cold and temperate plants that serve different purposes. You can learn how to recognise them, although in a rather complicated way. We were sitting on the grass near an agroecological market I was visiting in Tabacundo, the town where she lives; I pointed to a plant beside us and asked her how she would classify it, she replied:

> Doña Elisa (midwife, Tabacundo): this plant would be... you see, you can also tell by the flower. Blue flower means that it helps strengthen the lungs; yellow flower is good for the liver, red flowers good for the heart. Now, within the flowers, it is not always straightforward. For instance, yellow is identified with hot plants, simple; but if you have red flowers, there you have to think a little harder. For example, I would say that this one is cool. Why? Because it has no smell but has colour, but if you had a plant with a yellow flower and perceived that it has any strong aroma, it would be classified as a hot plant. One has to play with that. So if there is a plant I need and I don't have it, I try to look for a similar one. It happens more often that I am walking through the hill, and a plant catches my attention. I analyse it, and I think, 'it is similar to some other plant I know'. I perceive the same smell or the characteristics that are similar, and I say, 'it might work for this or that'. I use it, and it works. I have tested the plants myself thinking that they could work and they do.

Doña Elisa did not only learn her practice directly from her ancestors. She studied to become a nurse, and she worked as a nurse for a while. It was while she was studying and working that she became curious about ancestral medicine to help some of her patients. "All around us there is medicine, but instead of wanting to know more about it, we step into it and consume pills", she commented. I asked her how she investigated

plants besides experimenting, and she told me that the best way was asking older people, 'they always know', she told me. Even her mother has taught her some things despite not being a healer herself. Although Doña Elisa identifies herself as an indigenous woman, she started to connect to her Kichwa identity when she started to learn about traditional healing. As it is very common in the country due to its colonial history that inferiorizes and shames what is identified as 'indigenous', her father forbade speaking Kichwa in her house and following any Kichwa tradition. Later as an adult, she told me, as part of her learning process and connection to her roots, she studied Kichwa. She is also part of an indigenous movement in which she learnt, for example, how to diagnose with guinea pigs. As I mentioned earlier, Estela, Doña Carmen's daughter had a similar story of reconnection with the practice, although she did come from a lineage of midwives,

> Estela (midwife, Otavalo): I worked in a plantation of flowers, and I got sick. I was diagnosed with gastritis, and the doctors prescribed some pills. I always had my stomach bloated, so I got used to taking those pills regularly. One day I had low blood pressure and fainted. My employers gave me permission to go to the doctor, but I was fed up with the pills. I came here, and my mom gave me a beverage, a plate of food and a special bath. In the afternoon, I was feeling well. When I saw how I got cured, I also started to investigate the plants. How they work, where they grow, why this plant has healing power and why does it heal me more than the pills. First, I started preparing medicine with hot plants. I took a glass of hot plants' drink; it made me feel like I was dying or fainting. So I realised that the hot plants were not good for me at that moment. After that, I had back pain, so I took some fresh plants' water, and I put a compress on my back; these helped me, my back improved. That is how I started, always asking my mom how she learned, who taught her, why she knows all this. She explained she learned from her grandmother what plants are useful for different things. I also asked her to teach me the diagnosis with the guinea pig. I did not believe at the beginning; I thought it was false. However, when I compared the diagnosis of healthy and sick people, the differences were evident, the guinea pig showed everything the patient had. That is how I learned. I love to learn about plants more than midwifery; I love healing with plants.

As Estelas' story illustrates, experimentation implies an active involvement and curiosity about the practice. All the midwives I interviewed talked about being curious as a crucial personal characteristic that drew them towards midwifery. Some of them

sneaked to the places where the midwives were practising, without their consent; some others had no choice but to learn at the beginning, but eventually, everyone centred their practice on a continuous curiosity for learning and experimenting. Experimenting connects midwives to their ancestors as they actively interrogate them. It is not only the information that has been shared by their mentors what shapes their practice, but also their curiosity and interrogation that makes them be actively involved in the production of knowledge and memory. The wonder, surprise and admiration for the practice and the carers that came before them are essential elements stimulating their practice. In other words, there is an emotional element in their connection to the practice that defines it and impulses it to expand; the following section focusses on this emotional knowledge.

5.4.3. Attuning to

Midwives need their senses; their practice awakens their senses to pay attention to the present to which they are responding. Past knowledge is, in this sense, embodied in the present, in the plants, in the different bodies affected and affecting the practice, and also in the stories of their grandparents. At the beginning of this section, Tamia explained a connection to her mother through shared intuitive knowledge. 'The important thing is learning how to listen', midwives repeated to me, listen to their ancestors and listen to the plants, but also listen to their own bodies and experiences. There is an embodied knowledge they learn to trust when they open their senses. It is not only a knowledge they have it memorised in their minds but also embodied and embedded in them and in the beings interacting in their practice. Elena explained,

> Elena (midwife, Quito): sometimes they call you at 6 pm, and they say, 'I started with contractions', and you ask them, how often? And you listen to their voice; she can still talk. You think, 'come on you can do it, slowly, slowly'. The midwife has to work with the instinct, and it is so amazing, because sometimes we, Cora [another midwife] and I, are there sitting, observing the woman, and we suddenly turn to one another and say: let's do this! We were thinking the same thing. You see? Just instinct. When the time comes, you must let the instinct prevail, and that is something that you only understand with practice. The first few times all the recipes come to your head, and you want to apply all of them, but when you learn to stop and SEE the woman in front of you, you realise, she does not need this, all she needs is time and nothing else. The midwife is not the one who does the delivery; the woman is the one who gives birth; the midwife is there only to help her, to feel.

Despret's notion of *attunement* becomes handy here because it describes an emotional, bodily connection between at least two bodies (Despret, 2004). In this way, midwives attune both to their bodies and their patients' bodies by attending to their own emotional connection to the practice. Elena told me a beautiful story about her master that illustrates this *attunement* to her practice. Elena went to a traditional midwife in a rural area outside Quito to learn more about the practice because she did not have the opportunity to learn from her grandmother, who died when she was very young.

> Elena (midwife, Quito): I don't know how, but she [the midwife] knew when there was going to be a birth. Come on Thursday, she would tell me, on Friday we have a birth. How can she tell? I wondered. Sometimes I doubted it was true. But I went, regardless, the day she told me. We stayed up during the night; she used to sing and play the rondador[10]; she used to sing beautiful stories about her practice, the women she helped, and the things she does in her practice. Early in the morning, around four, someone knocked on the door; someone was in labour and requested her help. It was incredible! I learned from her that this is not like any job; this is a craft, a vocation to which you dedicate part of your life.

Midwives relate to their patients' bodies differently; their own embodied knowledge is connected to the bodies in a particular manner. I narrated at the beginning of this chapter Doña Raquel's first delivery, where she said she did not feel as confident as her grandmother. She told me how she gained confidence in practice and also with the trust of her mother, Doña Alba, who at one point referred the people who were looking for her help to her daughter. "I cannot work anymore; my daughter is now doing it." Likewise, Elena told me that one of the most important things her mentor did was when she told her, "I cannot teach you anymore, you have what you need, and you need to go now. It was the empowerment I needed and bit by bit I learned to find", she told me. In the same manner, Tamia told me that although she misses attending with her mother by her side, now she also shares things with her mother that she learns from her own practice. Doña Flor in a related manner had to learn to trust in her knowledge when her grandfather was not able to fully attend the women and only accompanied her and trusted her; she was very young. Thus, midwives learn to trust their instincts, attune to their bodies and the bodies involved in their practice, from the guinea pig to the mother and the baby. It was evident for me that there was not just information being passed

[10] Traditional musical instrument made of cane.

through generations but rather a strong intergenerational connection of trust that builds, maintains and continues significant relations among people and other non-human beings. In other words, by paying attention to the temporal networks that midwives cultivate and care for through their practice, the life-sustaining webs they maintain become more evident. Confronting, in this way, colonial structures in which the temporal structures connecting different beings and creatures are made invisible, so the present is empty and fit for exploitation (as discussed by, Adam & Groves, 2007; Haraway, 1992).

5.5. Conclusion

Chapters Four and Five have explored the practices of farmers and midwives embodied and embedded in their interaction with other beings of whom they also have to take care and be attentive to. Although both practices are rooted in an intergenerational relation that connects present generations with past generations, it is far from being a repetition of a static tradition. A big part of their practice is learning how to be attentive to the present and its affordances, either if that means new crops they can sow or new species that can introduce to their production; or if it is the elements they have at hand to help the patients they have in front of them. Traditional midwifery and agroecological farming in the Andes share a connection to an ancestral knowledge that has not only resisted very precarious social conditions but moreover, has shaped their territories and social relations and continues to do so. As much as midwives and farmers maintain and continue the traditional practice, they also do it through experimenting, interrogating and being attentive to the present moment and thus they actualise their practice and keep it alive, contingent to time and present conditions.

I explored in this chapter the notion of intuition in the practice of carers to illustrate that their ancestral memory is not only about stories from their ancestors or recipes of medicine that can be written down in a book, but also an emotional embodied and embedded connection to different beings populating their territories in time and space. A connection enacted in practice, for example through their use of plants, when they attune to their instincts. There is a common practice of comparing 'oral' societies with writing technologies to illustrate the fragility of the memory in the so-called oral societies (see, for example, Esposito, 2016, where the author discusses the relationship between social memory and technology). The idea is that something is irremediably lost in oral societies when the bearers of some knowledge die or cannot share it. Contrary to this, written technologies, it is said, can keep knowledge and information regardless of the disappearance of the individuals and their personal memories. Such capacity of

written technologies is certainly great and fascinating, but I defend here that the important thing is not to signal its superiority against 'oral' technologies, but rather that they construct different worlds and possibilities. It should not be the fear of disappearance and the desire to persevere in the future the thing that motivates people to engage with rich practices and knowledges like traditional midwifery and farming, but the deep connections and possibilities they open among us. Among which caring for the past is a fundamental one. We must accept loss and disappearance to embrace change and new possibilities. We should not forget that memory is not possible without forgetting. This thesis has sought to argue against the idea of tradition as the repetition of a 'pure', 'original' past that gets repeated and safeguarded. Instead, it has shown how the practices of care maintain an active relation to a long memory the carers share with their ancestors. When I talk about embodied and embedded memory is not just an oral memory, a different image comes to my mind in a story, Told in Leon's compilation (Leon, 2015), about a midwife in the Amazon,

> [Story told by Celia Shiguango, midwife from Archidona] I spoke with the plants, "I want to be a midwife" I told them. [...] I did not want to study; I threw my books and my notebooks into the street. I just wanted medical education. [...] I did not want to have papers, papers get wet and get lost, the memory never gets wet, never gets lost. When I spoke with the plants, I felt their spirit; they are like us, they are people. They said that I should be a midwife; I did not want to know about scientific medicine.
>
> (Leon, 2015, p. 53, my translation)

I have tried to show in this chapter some aspects of the labour of carers in building complex connections to their land inhabited by different beings. I have stressed throughout Chapters Four and Five that memory, especially related to practices of care, is about connecting and maintaining complex entanglements that are not naturally connected but need to be maintained and cared for.

Amidst an ecological crisis where nature has been at the centre of new research, science seems more akin to embrace the mandate that in fact, 'we have never been modern' (Latour, 1993) and that the divide nature/culture, among others populating the discourse around modernity, reproduces destructive relationships among us and with other beings. However, following standpoint feminism, again beautifully summarised in the words of Puig de la Bellacasa and Bracke (2009, p. 41), when they say, "[f]eminist

standpoint theory considers the experiences of women to be a source of knowledge which can be deployed in transforming the public realm which excludes them" the stories we chose to tell matter. The role of the carers, midwives and farmers, in maintaining and expanding the richness and diversity of the entanglements of humans and nonhumans shaping their territories has not been sufficiently acknowledged and valued. The focus of the novel *inter-species studies* (Abrahamsson & Bertoni, 2016; Haraway, 2016; Hutchinson & Mufti, 2016; Kirksey & Helmreich, 2010; Kirskey, 2014) will not suffice if, as in agroecology, the component of social justice reclaimed by peasants around the world, and by other movements like ecofeminism (Gaard, 2011, 2015; Shiva, 1988, 1991), is not addressed. That is, if the connections of peoples to a past multiple, with diverse trajectories and ancestral relationships, is not fully acknowledge, respected and nourished (confronting the mechanisms of detemporalisation of colonialism). More importantly, following Tallbear's reflection on indigenous standpoints, if we fail to recognise the role of carers and "their ontologies" (TallBear, 2017, p. 198) - or practices of care - for this novel academic enterprises, we fail to embrace their potential to generate change fully.

Chapter VI. Tradition and detemporalisation

6.1. Introduction

> (…) all our phrasing – race relations, racial chasm, racial profiling, white privilege, even white supremacy – serves to obscure that racism is a visceral experience (…) the sociology, the history, the economics, the graphs, the charts, the regressions, all land, with great violence, upon the body.
>
> (Coates, 2015, p. 10)

Chapters Four and Five focused on the materiality of past embedded in the interaction of carers with different plants, animals and other elements such as the placenta. Moreover, the chapters explored the carers' affective embodied connection to their ancestors through their practice. This chapter explores a different kind of experience of the carers, one in which traditional practices are disembodied and thus detemporalised from their concrete stories. Nonetheless, the chapter shows that such disembodiment of the practice lands, as Coates suggests, upon the bodies of the carers. In other words, the chapter illustrates how, when traditional midwifery is detemporalised and enacted as belonging to an 'original' past, there are some real consequences for the carers and their practice. Thus, the chapter brings back Segato's conceptualisation of a *sign of colonialism inscribed in particular bodie*s (Segato, 2010) to make the case of detemporalisation of the practice as an embodied experience of racism, invisibilisation and precariousness of the carers.

The topic of racism is one of the things that makes this chapter more complicated to narrate than the previous chapters. On the one hand, if Coates is right and racism is a visceral experience, then, following Despret, in the task of 'de-passioning' its narrative to fit an 'objective account', the "world appears as a world 'we don't care for'" (Despret, 2004, p. 131), the affected bodies appear stripped of the visceral experiences that shape their needs and practice. Contrariwise, being the goal of this thesis to mobilise care towards the carers whose stories shape this study, the embodied experiences of the carers are crucial to narrate and engage with. Thus, racism is discussed here in terms of the embodied experiences of the carers of the racial readings being mobilised upon their bodies; that is, racism is not assumed as a natural feature of particular institutions or

practices but instead narrated through the lived experiences of the carers in their interaction with different actors, institutions and practices.

Likewise, although in this thesis I actively decided not to follow a cultural or ethnic group, the research is not blind to the fact that women across different indigenous communities, who are likely to confront situations of marginalisation, heavily reproduce traditional practices of care in the rural Andes. With that in mind, this chapter insists that the forms of identification and classification of the people practising traditional midwifery and of the practice itself (namely, forms of *detemporalisation* and *racialisation*, as I will discuss throughout the chapter) indeed configure and shape the practice in crucial ways. Therefore, addressing classifications of the practice, such as 'indigenous', in different contexts, helps to understand how they configure the interactions among people, their embodied experiences and the conditions upon which they respond.

Yet, as I said, racism is only one of the topics that makes this chapter challenging to compose; there are others. For instance, this chapter follows the interaction of traditional midwifery with institutionalised biomedicine in the setting of a public hospital and other public health institutions. In particular, the chapter follows midwives' participation in a project with the hospital of Otavalo, which implemented a delivery room that had been originally designed to incorporate some cultural elements of the indigenous peoples in the region. It is important to clarify that I follow this story in the first place because it was a common reference that kept appearing in the stories of the midwives; i.e., insofar as it was a relevant event for midwives in Otavalo. Mainly, the chapter discusses the involvement of midwives and their later separation from the project as a result of the project's unfortunate inability to respond to their demands for a salary. The project started as a paradigmatic case of intercultural health, although with critical limitations that were part of a long story of attempts to institutionalise an intercultural model of health in the region. However, the imminent separation of the midwives from the project made it the target of heavy criticism by indigenous organisations and midwives.

Note though that the chapter does not narrate a story of failure with villains and victims. Rather, it seeks to illustrate the complex encounters, clashes, learning and changes configuring the practice throughout the midwives' interactions with the national health system in the context of the project with the hospital. To achieve this, it follows the praxiographical approach delineated in the first chapters to address how the

distinctions between traditional medicine-biomedicine were enacted in practice and how they configured traditional midwifery in some specific contexts. That is, instead of assuming an ontological difference between the two practices, the chapter follows different ways in which such a distinction was enacted and how it affected the carers and their practice.

In line with this, I question the defence of a 'radical difference' among the practices of traditional medicine and biomedicine and show instead that they have been shaped by a shared history of interaction - or rather multiple embodied stories - that is/are not exempt from power structures of oppression. Although the setting of the hospital is in principle non-ordinary for the reproduction of traditional midwifery, the chapter seeks to demonstrate how midwifery does not happen within the confines of a hermetically closed culture, but rather in the interaction with a variety of knowledges and tools.

Moreover, I argue that the idea of defending 'a radical difference that the system seeks to reduce to its own terms', on which some criticism of 'intercultural models of health' are based (e.g., Araya, 2011; Mozo, 2017), can have detrimental consequences. On the one hand, such idea is often based on some version of the supposition of the existence of a) a differentiated homogenous population (i.e., 'indigenous population'), and b) a monolithic system (i.e., 'biomedicine', 'the state', etc.). Generally, the idea in such analysis is that midwives are forced to subjugate their knowledge to the State's regulation, parameters and expertise (e.g., Torres, 2003; Güémez Pineda, 2004; Ramírez Hita, 2011; Mozo, 2017). One of the problems with such a reading can be the occultation of the role of midwives, their stories and expertise in the interaction with healthcare institutions, and that of the actors inside the institutions too (as argued by, Akrich, Leane, Roberts, & Arriscado Nunes, 2014; Berg & Akrich, 2004; Beynon-Jones, 2013; Clarke & Olesen, 2013; Mol, 2002). Moreover, such a reading, as the chapter illustrates, is embedded not only within academic critics to the intercultural health policy. It is also embedded in the way that some people framed and understood traditional midwifery in the context of this chapter's story, which, contributed to render the labour of the midwives within the hospital invisible.

In contrast, this chapter draws on feminist standpoints' readings that have gone beyond conceptions of 'monolithic' health institutions. Feminist scholars have highlighted, for example, the active role of practitioners in shaping healthcare provision (Beynon-Jones, 2013); the multiplicity of technologies across different sites and between

multiple machines, procedures and actors (Rapp, 1998); the agency of Latin female patients against static cultural notions of Latin women and health provision in the USA (Segura and De La Torre, 1999); or female practitioners' agency when navigating male-dominated environments (DeVault, 1999). These readings help me to step away, insofar as it is possible for me to do so, from reductive dualisms in three important and different ways. First, I acknowledge that the hospital, health institutions and health personnel are multiple. Second, they are not opposite in essence to the logic of care. And third, people working within health institutions and patients using the health services are not a mere reproduction of some sort of ideology (namely, bio-power, neoliberal state, etc.) nor do they simply incarnate a set of cultural values (for instance, 'indigenous'), but they have agency that actively shapes the practices and the interaction among them. My purpose is to illustrate how the approach that guided how the project was framed, configured the scenario in which the midwives reproduced their practice. But more importantly, by bringing into the discussion different forms of detemporalisation and how they affected the carers, my hope is to open the question of what assumptions do we make of the past and how those assumptions shape the present. Mainly, what assumptions do we make of some people's past, what do these assumptions entail, what temporal structures they reproduce in the present, and how can we build more caring relations to confront unequal temporal structures and detemporalisation.

In brief, one of the main objectives of Chapters Four and Five was to illustrate the sophisticated knowledge of the carers interweaving different generations of people with particular lands, animals, plants and other beings. In other words, illustrating how, through their practice, fundamental relations among beings in the territories become meaningful. Nonetheless, I am aware that for readers who are unfamiliar with the practices and territories, exploring such landscapes of the practices can be read as an invitation into a voyeuristic experience of an exotic world. This chapter therefore seeks to counteract such a reading by exploring the practice of traditional midwifery and its connection to the past when reproduced in a less scenic, more conventional setting with complicated power relations that are more difficult to narrate than the previous stories.

In this chapter, traditional midwifery reproduces through power-relations deeply enrooted in colonial histories, which generates contradictions, negotiations and possibilities for action that are challenging to piece together. The chapter is comprised of three main stories. They narrate the re-configuration of the practice within the project through different forms of detemporalisation and disembodiment of the practice and the

parallel illustration of the temporal structures that such forms of detemporalisation support. Each story is framed as a form of enactment of 'tradition'. First, within the diagnosis of the problem and design of the project at the level of public policy; secondly, in the practice of midwives and doctors regarding the position for delivery; and thirdly, within political elites of the indigenous movement. In each case I ask, what does detemporalisation entail in this scenario and how does it affect the embodied experiences of the carers? In line with the overall argument of this thesis, by analysing traditions in terms of how they are done in practice, instead of understanding them as a cultural feature, the chapter considers the detemporalised readings of the practice to understand how they render the agency of carers invisible. That is, outside their agency's dynamic of being-becoming where it is negotiated, re-imagined and continuously changing. In this sense, my argument differentiates itself from criticisms that over-concentrate on the role of the state and illustrate instead the role of midwives, how they navigate these projects and shape their practice within them.

6.2. The case of the Hospital

Attempts to incorporate traditional healers into the national legislation and healthcare systems have been happening in Latin America since the 1970s (Menendez, 2017). There have been similar experiences to the one in Otavalo in other parts of the continent that have sought to articulate the work of traditional midwives into the national health system particularly in countries with more presence of indigenous peoples, like Ecuador, Bolivia, Peru, Guatemala and Mexico. Scholars have been discussing these different experiences illustrating and contending the projects' reduction of the role of midwives within them as, for example, passive receptors of the national policies regarding maternity and childcare (Menendez, 2017); or in other cases, as a population that need to be counted, listed and trained to comply with the goals and regulations of maternal healthcare (Güémez Pineda, 2004). Other studies have highlighted national policies where midwives are often depicted as women whose only role is to accompany the birth (Mozo, 2017) or ultimately, as useful resources for a neoliberal state (Araya, 2011). Ample literature has been written in this regard to inform the policies that still fail to thoroughly respond to historically neglected groups. This chapter draws on these discussions to contextualise the appearance and application of the intercultural project of the hospital. However, it argues that traditional midwifery is not only an undervalued practice involving sophisticated knowledge but also that it involves negotiations, adaptation to different contexts and conditions, and learning from different practices and actors.

I begin the story of the hospital with the inaugural words of an event I assisted to during my fieldwork, which was held in the province of Imbabura, in February 2018 to certify the work of 40 traditional midwives (38 women and 2 men). Most of the midwives were from the Kichwa nationality and came from communities in the canton of Otavalo. The extract of these inaugural words captures some of the conceptions regarding traditional midwifery that were enacted in the context of the hospital, which is the object of focus in this chapter. More specifically, as will be seen, the idea of "men and women who have resisted time" is a theme I draw out throughout the chapter. The unit in charge of the process of certification was the Ecuadorian Ministry of Public Health, an organisation that had been working nationally and locally to incorporate midwives into the system of public health. Their inaugural words were:

> Public servant, Ministry of Public Health, Atuntaqui: For several years, men and women of wisdom have resisted time, fighting against the powers and maintaining their knowledge and ancestral practices that are now recognized thanks to public policies implemented by the National Government through the Ministry of Public Health. They are recognized as articulating entities of knowledge and practices that allow the improvement of health through a family, community and intercultural based approach.

The idea of resisting time portraits an image of traditional healers as beings from the past that somehow have travelled untouched by time to the present. I will come back to this idea throughout the chapter and examine how it is reproduced in different relevant contexts for the story.

The process of certification in the canton started with the identification of the midwives in the different rural communities, then working with them in workshops held in the office of the local division of the Ministry in Otavalo. The workshops were mainly about handling possible risks during pregnancy and identifying red flags that could compromise the lives of the mother or the baby. Midwives attended the workshops regularly for more than two years, and at the end, the ones whose communities validated that they had been practising for at least 10 years, received the certificate.

The certification, depicted by the Government as an exemplary experience of an intercultural model of health was indeed the tip of a more extensive process that started years earlier. In fact, this was not the first time Imbabura was in the spotlight regarding their work in intercultural health, In 2011, the Pan American Health Organisation (PAHO)

awarded three different experiences in the province with a prize under the category of good practices in safe maternal care (Organización Panamericana de la Salud - Representación Ecuador, 2012). The Hospital San Luis de Otavalo received one of the awards for its project of implementation of a delivery room in the hospital designed to incorporate cultural elements of the indigenous peoples in the region – a project in which thirteen of the midwives who received the certificate were directly involved. Yet, however remarkable this work may be considering the history of racism and discrimination of indigenous people in Ecuador, the story of the incorporation of the midwives into the project is rather intricate and the outcome of the thirteen midwives involved in the process of certification could not have been anticipated from the midwives' first experience in the hospital.

6.2.1. Some context

Otavalo is one of six cantons[11] in the province of Imbabura, in the northern Andean region of Ecuador. It has a population of approximately 100,000, almost 60% of which are part of different indigenous peoples of the Kichwa nationality. The capital city of the canton is the city of Otavalo, where the hospital is located. The midwives who participated in the process were mostly Kichwas. Kichwas are Kichwa-speaker people, who live throughout the Andes and part of the Amazon region, too. Among the Kichwas, there are different groups according to the territory where they live. In the province of Imbabura, there are four different groups: Otavalos, Karankis, Natabuelas and Kayambis. Most of the midwives who were part of this process of articulation were part of one of these groups in the canton of Otavalo, except for one (Doña Estela) who belonged to the Kichwas Kayambis but was not from Otavalo nor Imbabura but from the neighbouring province of Pichincha. There were also mestizas attending the workshops, and although they were the minority, the workshops and the overall process were not exclusive for indigenous peoples; yet, Kichwa midwives were indeed the majority in this location.

The ethnic component, as I call it based on the purpose of the project to target a particular ethnic group, plays a crucial role in this story. On the one hand, although the majority of people in Otavalo belongs to the Kichwa nationality, the access of indigenous people to resources and healthcare continues to be precarious. Resounding with the national tendency regarding indigenous populations in the country, by 2003, Otavalo had

[11] Cantons are the second level subdivision of the country. The first subdivision is provinces. Ecuador has 24 provinces. The province of Imbabura has 6 different cantons: Antonio Ante, Cotacachi, Ibarra, Otavalo, Pimampiro and San Miguel de Urcuquí.

been designated as a high-risk area for maternal and neonatal mortality (MSP, 2009). In this context, following the international guidelines to reduce infant and maternal mortality by international organisms like WHO, the Ministry of Public Health saw in the co-operation with traditional midwives a strategy to tackle the problem of maternal and neonatal mortality[12].

On the other hand, and contrary to some other recorded experiences in the region where, according to researchers, there was no involvement of the indigenous peoples (for instance, in Mexico, according to Menendez, 2017), the indigenous movement played, in the case of the project in Otavalo, a vital role in the promotion of an intercultural model of health. In fact, an intercultural model of health had long been part of the political agenda of the indigenous movement nationwide. As noted in Chapter One, the Confederation of Indigenous Nationalities of Ecuador (CONAIE) mobilised in the nineties the writing of a new National Political Constitution[13]. This constitution recognised the indigenous peoples' right to practice traditional medicine and the guarantee of protection of sacred places, plants and animals according to their medicine (Mozo, 2017). The institutionalisation and translation into public policy of these general principles in the Constitution have gone through different changes, and the final goal of the indigenous movement of equality and autonomy of the different nationalities has not been fulfilled. Nevertheless, since the nineties, there have been significant changes for traditional medicine in the national system of health.

Furthermore, the local indigenous movement in the province of Imbabura, INRUJTA-FICI, had been working in the promotion of an intercultural model of health for a long time. In 1983 they created an NGO based in Otavalo called Jambi Huasi, offering indigenous and western medicine to the population in the region (CONASA-MSP, 2008a; MSP, 2009). The work of FICI became particularly relevant within the political climate both at the level of the State and the Council because they had the experience of working with the two parties. For instance, as the director of Jambi Huasi told me, in the nineties, they had a program of cooperation with a public university of Quito who would send the students of medicine to do their final year of practice with them. The system worked well

[12] Güémez Pineda (2004) and Vicente Martín (2017) record similar processes in Mexico and Bolivia.

[13] A new political constitution was a crucial demand in the movement's agenda, because the ultimate goal was to construct a 'pluri-national' state that opposes to the colonial, capitalist state at play for decades. The idea was that to change their situation significantly, and pay the historical debt with the different nationalities and peoples that resulted from the colonisation, the foundation of the nation on its entirety needed to change (CONAIE, 2012)

as the centre was able to offer biomedical services to the population while the soon-to-be doctors learned about traditional medicine.

Within this context, another important fact was that, in 2006, for the first time, a Kichwa doctor was named the director of the Hospital San Luis de Otavalo; he had done part of his practices with Jambi Huasi back in 1999. Additionally, the re-elected mayor of the city of Otavalo – also Kichwa - had been promoting training programs for traditional midwives with the support of international organizations like CARE, which had programs to tackle maternal and neonatal mortality (MSP, 2009). Thus, Jambi Huasi and the Council of Otavalo already had experience working with local traditional midwives before the conception of the project in the Hospital. This experience combined with the Government's willingness to fight neonatal and maternal mortality in the canton, among other things, generated what a public servant of the regional division of the Ministry described as an 'epoch of glory':

> Alicia Torres (Public servant, regional division of the Ministry of Health, Otavalo): It was a time of glory because we deployed a series of coordinated actions among diverse stakeholders. CARE was looking for a space to develop their work; in our department (Promotion of Health in the Community), some of us were writing, thinking, documenting the whole issue of health at the level of the communities and we were looking for ways to propose actions at the level of the health services. CARE provided crucial technical support and resources that were not available at the ministry at the time. There was a significant economic investment on the part of this strategic partnership, but not only that; they managed to secure funding from the Council as part of their technical advice. Regarding the Council participation, one crucial thing at that time was that the public policy regarding maternal care was the competency of the municipalities, so the Council had an interest in all this too.

Within this larger picture, it was evident based on the fieldwork and the encounters I was having with different actors throughout the course of this research, that the project in the hospital was not the only action taking place. Rather, more accurately, it was part of a more extensive *set of actions* that were aimed at tackling maternal and neonatal mortality and promoting an intercultural model of health in the canton. Indeed, not only were many actors mobilised to make this possible, but there were also significant resources making it happen. Among the variety of programs and actions deployed in the

canton at all levels, I will focus on the hospital project because it is a central event in the story of the involvement of the traditional midwives with the healthcare system. Therefore, it helps to deepen the analytical framework of how care structures are developed over time in a number of different micro and macro layers.

6.2.2. The diagnosis

The hospital project started with a pilot study to find out the reasons why indigenous women in rural communities in the canton did not use the services that the hospital provided. Questionnaires were designed and conducted among women in the canton and the hospital's health personnel. Based on the questionnaires, the study concluded that indigenous women were reluctant to use health services even when they had access to it. That is, it was not merely a matter of geographical or economic access to the services (100% free of charge), but something else.

Perhaps unsurprisingly, one of the main reasons why many women did not use these health services, according to the report, was the way they were treated. On the one hand, for Kichwa speakers, it was already challenging to relate with the doctors, who rarely spoke their language. Moreover, women in labour did not like the mandatory procedures of getting naked, bathing, entering the delivery room by themselves, or adopting the mandatory horizontal position for delivery, which was not advocated legally or otherwise, but was still practised (MSP, 2009; Rodríguez, 2008). On the other hand, according to the report by the Ministry of Public Health, only 12% of the 40 people interviewed for the official study, and who worked in the hospital, responded that they did not treat indigenous women any different from anyone else. The most common practice (among almost 70% of them) was exclusively asking indigenous women to take a bath before attending them, as the personnel considered that women were not clean enough; non-indigenous women were not asked to do this. The depiction of indigenous women as dirty is something that repeats throughout this story, later with the incorporation of midwives into the project, their practice was also read as dirty inside the hospital; which will be discussed further in the concluding chapter, Chapter Seven, bringing to the discussion Duffy's and Roberts' notions of *dirty* and *menial* work (Duffy, 2007; Roberts, 1997). Likewise, I present the framework of indigenous women in the project because it helps me to illustrate how it shaped the relation with traditional midwifery abstracted from the carers and their labour.

The conclusion of the diagnosis study was that there were 'cultural factors' involved in the 'women's decision' of not using the health services. The idea was that

there were cultural differences between the practices of indigenous women and the healthcare personnel, which originated discrimination and misrecognition of one culture -widely called biomedicine or western medicine, above the other - indigenous (Conasa-Msp, 2008; MSP, 2009; Rodríguez, 2008). Thus, for instance, in the case of asking women to take a bath, the conclusion was that indigenous women do not like to take baths before giving birth, because they do not want to get cold, as they believe warmth is essential to have a quicker delivery. As true or false as this might be, it is difficult to read the report without thinking that there was a bias in the hospital towards a specific group regarded as 'dirty' and although the report mentions institutionalised racism from the health personnel towards indigenous women, the formulation of a 'cultural difference' and the subsequent intercultural approach to address the problem, contributed to diluting the problem into an ambiguous responsibility. The problem with this from a care perspective is that, as argued by Tronto, the allocation of responsibility and how responsibility is distributed are key components to accomplish good practices of care (Tronto, 2010).

As discussed in Chapter Two, feminist studies of care highlight the importance of doing politics of care to understand the power structures that care reproduces, navigates, supports and challenges (Hill Collins, 2000; Raghuram, 2016; Roberts, 1997; Salazar Parreñas, 2015; Schwartz, 2014; Tronto, 2007) because that helps to make visible whose needs are being met, by whom and how. Moreover, considering that care is a sustained activity in time (Mol, 2008), the failure to recognise the power structures in practices of care assumes fixed needs or differences (as in the case of distinguishing differentiated needs of 'indigenous women; based on their culture). That is, instead of reading those differences as "the product of historical contingency" through which institutions have constructed the needs it responds to, embracing or excluding in that process some groups and not others (Silvers, 1995, p. 50). Thus, the justification of racism by explaining racial or 'cultural' differences and not the *racialisation* of particular groups –that is, the reading in their bodies of particular signs that justify domination (Segato, 2010), in this case the reading of women's bodies as 'dirty' bodies, irresponsibly substituted inequalities (historical exclusion of indigenous peoples from public institutions and national healthcare) for essentialist differences. Moreover, the danger in such reading was to perpetuate and aggravate the situation they were attempting to solve, i.e., the high rates of mortality among indigenous people, because they were not addressing the systems of oppression at play.

The assessment of the diagnosis is problematic because there is a naturalisation of the differences of the two 'cultures' (i.e., that of the hospital and that of indigenous women) in terms of some ontological properties determining each of them, instead of addressing the model of care shaped by the history of interaction of the two parties. In this sense, there is a form of detemporalisation that coincides with debates such as Menendez's and Pulido Fuentes' when assessing intercultural projects of health in Latin America as frequently working mainly from an abstract ideal of intercultural health. That is, instead of doing it from the intercultural interactions and systems already-in-place in each particular locality (Menendez, 2017; Pulido Fuentes, 2017), which also includes racialization, power structures and oppression. In other words, it is common that the intercultural projects seeking to acknowledge different practices of health develop by assessing the context of intervention as one where interculturalism needs to be introduced instead of assessing the interactions and connections among different practices already at place. That is, abstracted from the situated dynamic of being-becoming and the power structures that need to be addressed. In this sense, as I will illustrate in the following sections, the inclusion and adaptation of determinate cultural elements without addressing the power structures reproduced in the model of care of the hospital failed to care appropriately for the women, including the midwives, and their families, who were still mistreated during the process of implementation of the project.

The Ministry and the people promoting the hospital project were aware of some of these limitations. Indeed, the report of the ministry acknowledges,

> Beyond the political will and even the existence of guides and protocols of the Ministry of Health to adequate the services, in practice, the attitude of the health personnel, their vision on intercultural relations, practices of racism and discrimination, are central considerations when proposing changes. [...] The constant motivation of the staff is required to achieve a change of attitude in the attention. (MSP, 2009, p. 91, my translation)

Also:

> Given that in formal education (schools and universities), there is no intercultural approach, and on the contrary, the educational content has promoted a homogeneous vision of the country that sometimes devalues the cultures other than mestizo, it is necessary to develop strategies of permanent awareness and training with the health personnel. Training must include not only technical

> knowledge of the existing standards and guidelines but must include knowledge of the country's ethnic and cultural diversity and its relationship to the healthcare system. (MSP, 2009, p. 93, my translation)

As the report recognises, a 'structural change' was needed to adequately tackle the 'institutionalised racism', including the capacitation of the health personnel (MSP, 2009). However, in practice, the project did not sufficiently focus on the personnel and their capacitation, nor was the personnel actively involved in the design. It was more the case that they had to adapt to the implemented changes without enough capacitation. The heart of the project was the implementation of a delivery room to accommodate indigenous traditions surrounding birth. The design of this room involved the coordinated work of the regional department of the Ministry of Public Health, the Council, Jambi Huasi, and traditional midwives of different parts of the canton, with funding of the United Nations Population Fund (UNFPA) (OPS/OMS Representación Ecuador, 2012). The idea was to create an environment where the different cultural traditions of the indigenous women were respected. The room was adapted to their possible needs according to the main elements drawn from the diagnosis study; these elements included, changes in the physical infrastructure, participation of traditional midwives, change to a warmer hospital gown, allowing family companionship and the option to choose the position for delivery (Hermoza, Ayala, Mendoza, & Oviedo, 2010)[14].

6.2.3. The involvement of midwives in the project

Without a doubt, the ambitious project was set up to change the attention to indigenous women in the hospital. And despite all the difficulties it faced, it certainly left positive changes in the hospital - changes in which midwives were crucial actors, as I will illustrate. Traditional midwives got involved in the project as they were considered a crucial part of the traditions of indigenous women and thus as potential allies who would help to make the institutionalised birth – i.e., at the hospital - more attractive to indigenous women, as this was the main goal of the Ministry in order to prevent maternal mortality[15]. The

[14] See, Apendix 3 where I have attached a table I created summing up the most critical points of the design and implementations of the hospital project, also with some of the problems and difficulties it encountered.

[15] This focus of the intercultural health programs on institutionalising healthcare instead of strengthening the role and agency of traditional midwives within their communities has long been discussed (see, Araya, 2011; Balladelli, 1995; Güémez Pineda, 2004; Menendez, 2017). Already in 1985, Balladelli denounced in his observations in Pesillo, an Andean indigenous community in Ecuador, how traditional medicine was patronised by the doctors and public servants. Mainly he talked about traditional midwives who attended workshops where they were told how dangerous it was to give birth in places other than the health centre or hospital

midwives were very involved in the implementation of the delivery room and shaped it in crucial ways. Indeed, in 2008 thirteen midwives who had been attending patients in the hospital realised that their work was demanded by other patients and decided to stay in the Hospital working in turns to cover 24/7 attention. As a result, the Council decided to encourage the initiative and managed to allocate part of the international funding to pay a stipend to the midwives for this work. The Health Personnel then organised the activities including them in all sorts of duties according to a protocol[16]; some of these duties were: bringing the patient into the delivery room, checking vital signs and signs of alert, cleaning the mother after labour, cleaning the baby, preparing infusions to help the mother in labour, among others (Hermoza et al., 2010). One of the primary roles of the midwives was as translators (Kichwa-Spanish) between the doctor and the patients and informing the women accordingly about their options for delivery and postpartum.

Their work in the hospital was not easy, midwives had to deal with mistreatment from some doctors and nurses, and they were not receiving a proper minimum wage as the rest of the health personnel. Moreover, when the international funding ended, they stopped receiving the financial bonus they had previously been awarded and their demand to receive a salary from the hospital was never met. The hospital did not have the budget, nor the legal infrastructure to hire traditional midwives, who in most cases had no formal education (a minimum requirement to be a public employee within the national recruitment system). Midwives ultimately disengaged from the project in 2012 (Mozo, 2017) feeling misrecognised and used by the hospital. In the words of Maria Quinga, an indigenous nurse and midwife who was involved in the project in the hospital and who was later running the workshops to capacitate midwives towards the certification in 2018:

> Maria Quinga (Public servant, regional division of the Ministry of Health, Otavalo): midwives felt that they were mistreated, discriminated against. At the time, we did not anticipate how difficult it would be for them. One day they had the idea of taking turns, I thought it was a good idea, we thought that people would recognise their work and pay them something, as they do in the communities; but

(Balladelli, 1995). However, although this is part of the story, the involvement of midwives in this project exceeded such framework.

[16] 'Protocolos del rol de las parteras en la atención del parto culturalmente adecuado en el Hospital San Luis de Otavalo' translated as, 'Protocols of the role of midwives in the attention of culturally-appropriate childbirth at the San Luis de Otavalo Hospital' (Hermoza et al., 2010).

they didn't. We did not think at that moment of how much they would sacrifice to work here and when the bonus stopped, they had to leave.

The problem of salary is a big problem within the reproduction of traditional midwifery. As discussed in the previous chapter, most of the traditional midwives cannot dedicate fully to the practice because they do not make enough money practicing it. Not only that, but not being incorporated into the system of social security puts them in situations of precariousness in which they are particularly vulnerable when they get older or get ill and need healthcare. Here I turn to Federici's defence of a salary for care labour to expose some of the nuances of this problem. Federici argues in favour of a salary as a basic demand upon which to develop more sophisticated forms of distributing care. Federici explains that the back cover of the history of development of capitalism is a history of exploitation of workers who care for life (peasants, mothers, slaves) without receiving a salary. She acknowledges that the demand for a salary is not the ultimate solution to the problem but rather the way to set in motion profound changes that destabilize the foundations of capitalism and its forms of oppression. It is not about incorporating women into the market so that they have a salaried and a non-salaried work (care); but, it is about making their labour of care visible, acknowledging its value, and distributing to the carers part of the wealth that their work supports and reproduces (Federici, 2018). This further demystifies the idealisation of care pointing out the relations of oppression in which it reproduces.

Contrariwise, an idea I heard more than once among the public servants and doctors was that a salary would destroy the traditional way of midwifery. For instance, Dr Garcia, who was otherwise supportive of the work of the midwives in the hospital when she was working there, told me the following:

> Dr García (Public servant, regional division of the Ministry of Health, Otavalo): there must be a way for midwives to regain the alliance with the health system that at some point was broken precisely due to the economic issue. Now I think there should not be an economic remuneration because they would not be traditional midwives if they have a salary. Midwives are supposed to work with the 'randy-randy' or exchange of products: I take care of you, and you pay me with animals, with grains, with what they have in the community, but if they start receiving an economic compensation, they will lose the whole purpose of their practice.

Indeed, as illustrated in Chapter Five, traditional midwifery has been reproduced in rural settings with monetary and non-monetary compensations to the carers from the families. Nonetheless, the naturalisation of their labour as non-salaried is problematic if only because they are demanding their right to have a salary. Some questions that will be further developed in the next chapter is how/what time is valued shaping unequal temporal structures. The idea of preserving a tradition in itself without fully recognising the labour of the midwives, along with the idea of understanding the past as something that has to be preserved untouched or that 'has resisted time' – like in the inaugural words at the event of certification, is something that continues to appear throughout this story.

Regarding midwives' labour, the thirteen midwives worked hard to build a relationship with the health personnel and comply with the rules of the hospital despite that, in the process, some doctors and nurses mistreated them, as is captured in the examples below:

> Doña Marina (midwife, Otavalo): to enter here was a big fight, the other midwives that were ahead of me were mistreated, they told them they were Indians, miserable, stinky Indians, Indians who do not have any degree, nor can write, nothing.

> Dr García (Public servant, regional division of the Ministry of Health, Otavalo): at the beginning, it was tough because the midwives evidently came from their community, from their houses, and the health personnel said they could not enter because they are dirty because they have dirty hands, long and dirty nails, that they cannot enter with the clothes like that, from the street. There was a process of negotiating with both sides but especially with the health personnel really; midwives were open and willing to help; they followed the procedures (…) There was some kind of dialogue, but in the end, it was more an imposition to the midwives, because there was no other way to do things inside the hospital. The health personnel had more authority.

> Doña Carmen (midwife, Otavalo): I left the project earlier; my colleagues stayed there fighting; they fought hard. The people in the hospital used to tell us, 'you know nothing, you have to learn from me, I have education, I am a doctor'. Of course, we only have our plants; we teach with our hands.

Furthermore, many women spoke about how they had worked hard to open and maintain a space to attend women adequately so the patients could feel welcome and safe. Not

only did they speak their language, but they would also attempt to convince the personnel who were often reluctant to let a family member into the room. Occasionally, they brought infusions from their homes to give them to patients too. Some had the support of their families and communities; some worked against the will of their husbands or confronting people in their communities who, the women I spoke to suggested, thought they were now gaining a lot of money they did not deserve.

During the fieldwork, I learnt that there had been doctors, nurses and public servants who had fought fiercely alongside the midwives to sustain and improve the initiative. But in the end, there were no more resources to keep it running. In the process, the relationship with the thirteen midwives was damaged. Furthermore, the indigenous movement in the province and other Kichwa midwives in other cantons became suspicious of the Government and their will to work together.

Nonetheless, rather unpredictably, after a while, the midwives contacted Maria Quinga and soon became involved in the new process of certification. All 13 of those who had been previously involved in the earlier project now came together again as part of the new process, although many remained suspicious of the Ministry and the hospital because of the way they were treated. So, there were attempts on both sides to make amends and to continue working together. The earlier rupture affected midwives the most, but it also affected the work of public servants who had been trying to promote health programs that value and respect traditional medicine. In the words of Alicia Torres:

> Alicia Torres (Public servant, regional division of the Ministry of Health, Otavalo): little by little we are recomposing our relationship with the midwives after all this time of rupture that was so hard for everyone. For some reason, despite all the mistreatment they had to endure throughout this story, they have the intention to rebuild this relationship too.

When I arrived to Otavalo, the midwives were in the last weeks of the process of certification; most of the weekly meetings revolved around the ceremony to award the certificate. This was a significant event for group of midwives because they were being valued and recognised in front of their families and friends. They wanted to receive the certificate with a gown and a cap, but the Ministry could not offer them such a thing, they said - they were just certificating their knowledge and the recognition from their communities; they were not graduating them since they did not teach them their ancestral knowledge. Although I could understand this logic and mostly coincided with it,

after 2 years of workshops and several years of different training programs with local indigenous institutions as Jambi Huasi, international organisations, and public institutions, there was not a clear cut between their traditional ancestral knowledge and the teachings they had incorporated into their practice. What counted then as traditional and/or indigenous in the practice of the midwives within these contexts of interaction with other healthcare practices? The following section seeks to engage with these questions by discussing the enactment of an indigenous/traditional practice in three different instances, connecting them to forms of enacting detemporalisation.

6.3. The enactment of a detemporalised tradition

This section illustrates how tradition was enacted in three different instances related to the project. The first section proposes that from the beginning of the project, a 'cultural blind spot' was constructed, which shaped the way traditional midwifery was understood within the project. Furthermore, it challenges the attribution of an ethnic component sustaining the practice and the idea of midwives as only part of the tradition of indigenous women. This discussion is extended in the following subsection that explores the practice of the midwives and of the health personnel, discussing forms of racialization of traditional midwifery. This second subsection also challenges the idea of one ideal position for delivery and brings back to the centre of the practice of care the attention to the patient's needs. Finally, the last subsection illustrates how tradition is also constructed from the indigenous political movements from a detemporalised perspective, echoing discussions that critique homogenising narratives from the elites of different political movements (Nahuelpan Moreno, 2013; Segato, 2007). This final subsection asks how or if this enaction of tradition from indigenous standpoints is different from the others and how it affects the carers. Overall, as we shall see, the aim of the chapter is to challenge different forms of detemporalisation of traditional practices that end up affecting the carers and rendering their agency in shaping their own practice and care labour invisible.

6.3.1. The cultural blind spot in the diagnosis and design of the project

From the diagnosis study for the project in the hospital, there was the perception of a cultural blind spot in the health system that was not taking into consideration the traditions and customs of the users. For Rodriguez, who was involved in the diagnosis study, there was a hegemonic model of health that excluded different conceptions of the body and wellbeing; and by doing so, it excluded actual people, i.e., indigenous people. Accordingly, her conclusion was that the cultural dimension of health needed to be included in public policy in order to generate more inclusive models (Rodríguez, 2008).

Within the cultural traditions among indigenous women, traditional midwifery was identified. Within this background, on the one hand, traditional midwifery was framed as an indigenous practice. On the other hand, it was part of maternal and neonatal care, which, as illustrated in the previous chapter, does not exhaust the scope of the practice.

To understand such assessment of the practice, which is not just a conception but actually something that shaped the project and the relations inside it, it is crucial to understand that it was based on the global objectives to reduce neonatal and maternal mortality in 'indigenous populations'. In 2008, Ecuador implemented a plan to accelerate the reduction of maternal and neonatal mortality in the country, to comply with the international objectives in this regard. The national plan highlighted the populations with higher risks: "the greatest inequality gaps in access to reproductive health services occur in indigenous women without formal education and residents in rural areas" (CONASA-MSP, 2008b, p. 32). As stated by Alicia Torres in the interview, at the background of the project, there were joined collective efforts to achieve results regarding maternal and neonatal mortality. In the report of the project, the justification to re-think the model of healthcare in Otavalo, says:

> The canton of Otavalo was qualified in 2003 as an area of risk of maternal death and neonatal tetanus. The considered causes are: the existing cultural gap, the conception of health of the indigenous population, and the fact that the attention they expect in the practices of care during pregnancy, childbirth, postpartum, and infant care, are different from those practised in the public healthcare system.
>
> (MSP, 2009, p. 14, my translation)

There are some assumptions in the diagnosis of a cultural blind spot (along with the responses to the questions this problem creates) that come to light. First, the categorisation of an 'indigenous population'. I go back here to TallBear's clear distinction between *multiple indigenous nationalities* marked by their belonging to specific territories and histories, and an abstract and homogenised *indigenous population* which is a classificatory colonial construction that erases such multiplicity (TallBear, 2013). As I explained at the beginning of this chapter, only in Otavalo there are four different peoples of the Kichwa nationality, so in the case that the project wanted to bridge the mentioned cultural gap, four different cultures needed to be taken into consideration. Instead, the primary way in which 'the indigenous culture' was brought into consideration was in the form of a targeted indigenous population that needed intervention.

Population is, in this sense, not an 'objective' confirmation of a 'given reality' but rather a classification that constructs a homogenous group of people – population is 'artefact' as Murphy calls it and spells out further in the following:

> (p)opulation, as an artefact of a particular way of counting, bundles up bodies into a single tally, creating distance and abstraction for a managerial gaze that is then poised to ask, "What should be done about them? It is a formulation that allows the anonymization of lives into deletable data points. (Murphy, 2018, p. 103)

Thus, any population 'bundles up bodies' as part of a wider abstraction. Yet 'indigenous populations' are intrinsically and often subtly, yet steadfastly, tied to a colonial history of otherisation, racialization and racism (Murphy, 2018; TallBear, 2013; Tuck, 2015). The notion that an 'indigenous' population constitutes "an ideological construction that does not correspond to the diversity, the conflicts and contradictions between the social actors [...] that these terms intend to integrate" (Menendez, 2017, p. 60). It is within this first assumption that the diagnosis is constructed without questioning it. A second assumption was that pregnant women could avoid maternal and neonatal mortality with the use of the healthcare services; so the question that remained was, why *indigenous women* did not use them.

With these first assumptions, the answer referred to the cultural gap recorded a set of traditions that allowed them to reach the targeted population, and midwifery was listed among those traditions. Traditional midwifery was thus framed as a practice of a homogenised group of people with "different beliefs and expectations" of healthcare. In the words of Dr Martinez, the doctor who worked in the workshops leading to the certification,

> Dr Martínez (Obstetrician and public servant, regional division of the Ministry of Health, Otavalo): We have to respect the traditions. For some women, if the midwife does not check on her, she doesn't feel safe during pregnancy. I am an obstetrician, and I ask the midwives, what I could give to a patient with such or such symptom. So in my consultancy, I send the medication but also I tell them, take it with such infusion –to which they are more familiar. If you also share the traditional part, it generates more trust.

One argument against this approach could be that the study did not care about the healthcare systems in indigenous communities but instead sought to reduce them to

something that would fit inside the hegemonic healthcare system (Araya, 2011; Mozo, 2017). My argument, however, is different. As I stated at the beginning of the chapter, the arguments that defend a 'radical difference' that a hegemonic system seeks to reduce, does not question the assumption of a homogenised population but instead reinforces it. In practice, midwives were willing to navigate the different systems at play and learn from the procedures in the hospital; at the same time, they worked hard to institutionalise the practice of entering the delivery room accompanied and became allies with some health personnel with whom they learned through the implementation of the project. Midwives did not see their practice as utterly alien from the practice of doctors and nurses but rather as a space to share different knowledges and tools to take better care of the women and their families - not to mention that all this process was supported by a more extensive work of indigenous and not-indigenous actors and organisations who had been building intercultural connections among the health systems in the province.

Furthermore, and yet very importantly to this chapter and indeed the entire thesis, midwives' 'indigenous identity' is not something they enact in their day-to-day practice in part because, as it has been discussed, the categorisation of 'indigenous' is used to distinguish some groups from others and this is not something they have the necessity to do in their usual practice. Let me explain this. Traditional midwives in Otavalo –Kichwas and mestizas- who assist births in the rural areas would usually attend Kichwa women with whom they speak Kichwa so yes, there is a strong connection to indigenous peoples. However, they do not understand traditional midwifery as 'indigenous' only; they have shared learning spaces with traditional midwives of various and backgrounds as well as they have attended women from many different parts and backgrounds. This does not mean that they do not perform rituals and practices that connect them with their communities but rather that the classification is useless in most of the contexts of their practice. However, within the context of the hospital the classification of their practice as 'indigenous' was at the base of their interaction with most of the health personnel.

More importantly, such classification of the practice was a particular, racialized classification that related to historical structures of oppression. Among other things, because those racialized readings of 'indigenous women' that were not addressed in the first place, ended up reinforcing racism and discrimination against the midwives inside the hospital. Their practice in its complexity was undervalued by the majority of the personnel who treated them more as part of a set of traditions they had to accept, than

as knowledgeable colleagues. Tradition in this sense was enacted detemporalised from the dynamics of being-becoming, portrayed as mere repetition, invisibilising how in their dynamics of being-becoming there are negotiations and learning but also power structures that need to be addressed because they have real embodied consequences for the carers, as it will be illustrated next.

6.3.2. The enactment of an indigenous practice in the hospital

The idea of 'culturally-appropriate childbirth, as the project was framed, was also part of a national policy promulgated by the Ministry of Health; there is a Guide elaborated by the Ministry that covers norms and procedures in which the role of traditional midwives is contemplated (CONASA-MSP, 2008a). I will not analyse the case of the Hospital of Otavalo within this national regulatory framework because it goes beyond the scope of my research. However, I do want to acknowledge that according to the health personnel and public servants, the term of a culturally-appropriate delivery changed by the time I was in my fieldwork towards 'delivery in free position', i.e. in the position the mother chose to give birth. Dr Martinez told me:

> Dr Martínez (Obstetrician and public servant, regional division of the Ministry of Health, Otavalo): all this process has had a significant variation of names. It was 'humanized delivery', 'culturally appropriate delivery', 'free-position delivery', which is the name now, and it seems more adequate. We talked about culturally appropriate delivery because we were adapting the service to the indigenous culture, but there are mestizo women who give birth standing, kneeling or sitting, that is why the name changed too. We are breaking the idea that the attention for a vertical delivery is focused only on the indigenous woman.

In a similar manner, Dr García, who worked at the hospital with the thirteen midwives when the project was being implemented and who is now working in one of the rural health centres in the canton, also told me about the limitations of calling it 'culturally -appropriate'. However, her account also showed how the term was not neutral, but some form of otherisation that many women did not want to accept:

> Dr García (Public servant, regional division of the Ministry of Health, Otavalo): When you ask women how they want to give birth, they tell you, 'in the normal way'. And if you ask them what the normal way is, they tell you, lying down. Even for the indigenous women when you ask if they want to give birth sitting or kneeling, they say no, I want to give birth in bed; I want to give birth normally.

> When you frame it as a culturally appropriate delivery, women do not see the option of choosing the position as a personal satisfaction or the personal pleasure and choice; they think that because they are going to give birth in an upright position, it means they are indigenous. That is why I say, do not talk about childbirth with intercultural relevance, talk about a humanized birth because then you are embracing all the women and you are not saying that because they are indigenous, they are going to give birth like that. When you talk about a humanized birth, you are talking about a woman's right to decide how to give birth and how they feel better at that moment of delivery. Women say "normal", but it is because they already come with the idea of what is normality. It is not because they evaluate what feels better for them. And probably in their other births, they were forced to deliver in a bed so they do not know that maybe when they are standing or kneeling, they can feel more relieved and that they can have the possibility of someone else helping them with massages to relieve their pain. Since they stayed all the time lying down, they do not know about massages or anything like that. So I think it should not had been called 'with intercultural relevance', it should be called humanized childbirth. The same with the health personnel. They think that this is being done for indigenous women; they are not seeing that this has been working in other countries in the region. The health personnel here, especially the older generations, are not seeing that; they are not seeing that it is for the sake of women, of all women. They see it as: 'you are going to give birth vertically because you are indigenous' and they are missing the point. It is for the satisfaction and the right of women to choose.

Dr García illustrates in this extract how the classification of culturally appropriate birth is not innocent. There was a bias towards choosing a horizontal position for the delivery because some women either did not want to be identified as indigenous or at least they did not want to be classified as *different* for being indigenous, they wanted to do what everyone else was doing. Such a position is logically derived from the mistreatment they or their peers have received by the health personnel in the past. Being identified as indigenous has meant in such context neglect, and in the context of the intercultural project, it could mean belonging to the group that is classified as 'in need of intervention'. Bringing us back to the fact that discourses of care can also support narratives of inferiority (Narayan, 2019; Silvers, 1995), and thus institutions cannot base

their care practice in an unchanging conception of care. A continuous reassessment of needs, responsibility and above all, politics of care (Tronto, 2010) is required.

Furthermore, midwives identify different postures for delivery when women give birth at home. Doña Irene, another of the thirteen midwives, the only one of them that identified herself as a mestiza, told me when I asked her about vertical delivery that she has attended many women who gave birth lying in a bed in their houses. Of course, midwives, and indigenous women for that matter do not have an established posture for delivery. Those representing the hospital, in contrast, did promote horizontal delivery as the 'normal' posture for delivery. In practice, midwives are there to help the person give birth in the posture, the time, and the pace that works best for them at that moment. For instance, Elena told me the story of an American woman that came to her master, a Kichwa midwife:

> Elena (Midwife, Quito): once we had an American woman, disabled, literally without legs, she did not have legs. I thought: how is this woman going to give birth? It was so impressive to see the empowerment of that woman, who made me understand that it does not matter, it does not matter who you are, how you are, you are going to give birth. That was another thing that my master taught me because when I saw the woman, I went to do the infusions and thought, should I prepare everything or not? I was worried. I approached my master and said, mamita[17], and how are we going to do this? Do what? She said. How are we going to make her give birth? And she told me, like all women! Yes, I said, but it's going to be harder, how is she's going to push? You'll see, she can push, she told me. Then she sat on the birthing chair, mamita stood in front of her, I stood behind her, and she just started pushing; she had phenomenal strength in her arms. I will never, ever, forget that experience.

The midwives I spoke to consistently had stories of how they found themselves involved in situations where they had to act and respond to someone in need. As Elena beautifully narrates, and also defended by scholars as Mol and Tronto, caring is fundamentally about responding, attending to someone's needs no matter whom they

[17] Traditional midwives in many communities, particularly indigenous communities, are called "mamas", not only because of their relationship to birth and pregnant women, since their practice extends beyond that, but because of their role as carers. It is a respectful way of calling them. Mamita is the diminutive and a very common way to make expressions more affectionate, similar to "plantita" when referring to plants.

are; working together with them, attuning to them, to the particularities of their bodies, and their stories (Mol, 2008; Tronto, 1993, 2013b). As shown in Chapter Five, each woman may have different needs, and the job of the midwives is to be aware and attend to those various needs. Moreover, as in the story of Elena, they attend to women from different places, not just from their communities, and not only indigenous women. Some of them have attended women from different backgrounds in Quito and other urban areas, and, for instance, Doña Flor, one of the thirteen midwives, once attended a Japanese woman.

Likewise, midwives have learnt from other midwives from different localities. For example, Tamia told me about some Afro Ecuadorian midwives she met and from whom she learned practices she had never seen around her territory like rituals for deceased babies with chanting and prays. Doña Lucy told me the story of a Colombian midwife from whom she learned to make the belly grow with enough space for the baby. Doña Carmen told me from her part how she learned some stuff from a group of foreign nuns and how they connected her with Kichwa midwives in the Amazon, from where she still brings plants for her practice only to be found there. Every midwife I interviewed had in common that they were eager to learn and incorporate new things into their practice. New learning that could come from past practices of their ancestors, different localities or different practices like biomedicine.

This focus of their practice on caring for the women pushed one of the most significant achievements of the project in the hospital, that is, now women can enter accompanied to the delivery room. To achieve this, based on this research, it seems the thirteen midwives in the hospital pushed the health personnel to allow this to happen. Dr García told me how she learnt from that experience working with the midwives in the hospital:

> Dr García (Public servant, regional division of the Ministry of Health, Otavalo): I believe I now have a different perspective regarding labour because I was part of that process in the hospital. Other colleagues who have not experienced something similar are sceptical. They ask, how can they have a vertical delivery, the baby is going to be contaminated with faeces, and the woman will be lacerated, etc. They have many concerns, whereas I am familiar with it because I was there when all this was born, and I find it beautiful. It is beautiful to see a relative with the woman in that moment of pain. I am also a mother; I understand what they go through. How is it possible for a woman to be alone in that anguish,

> in that pain, to go to a place where she does not know anyone, and worse, the doctors yell at her: push lady, defecate! At that moment, they shout at you that kind of things! How can a woman give birth in those circumstances, alone and helpless? You feel that way when you are in labour. I gained a lot of experience working here, the possibility of having company when giving birth is something that was born in the community here. I worked in the maternity Isidro Ayora in Quito, and things are different there. There was a room there about 12 years ago; I have not entered since. It was a massive room with many beds in gynaecological position, and all the women lying with their legs open, all of them. The health personnel were sitting, waiting to see who dilated faster. For us that was standard practice, only when I came here I thought, my God, what were we doing! Waiting to see which vagina opened more and when we saw the baby's head, we shouted, here! And we ran towards the lady. It was crazy, but that was normal. Those poor women, it must have been horrible for them, seeing each other there naked and their legs open. So when I came here, it was total learning, every day. It was exciting to see how the relatives came in, and the spouses cried with the women. The midwives encouraged that to happen, they were the ones insisting on it, because in the room there was the nurse or assistant who resisted, but there was also the midwife, "let's bring them in" they would tell me, and I would be on their side. We fought with everyone in the delivery room to make the family member enter to keep the patient company at all time.

This example in the relatively long quote is important in the context of this research, because what we see is that Dr Garcia learns from the logic of care midwives were introducing into the healthcare practice in the hospital. Dr Garcia learns not only in terms of what the midwives did as the experts, but more importantly how the midwives built a care team with the family members. When speaking with her, she went on to explain that she knew this represented good care, which was the opposite to how women were being treated in other public healthcare institutions, including her own past experience in Quito. Similarly, I argue that what jeopardised the relation with midwives in the project was the impossibility of building upon this logic of care that traditional midwives were enacting. Moreover, the dismissal of their knowledge has not only been enacted in opposition to a 'professional, scientific' knowledge, such as the knowledge of the health personnel, but also by portraying it as a patrimony belonging to a population of which midwives are the custodians, as the next section discusses.

6.3.3. The carers as guards of a precious knowledge

The indigenous movement in Otavalo has been an important actor putting intercultural health into practice with initiatives like the medical centre Jambi Huasi. They have built connections with public institutions like hospitals and universities and mobilised public policy. In the last decade, their relationship with the public sector has not been the best, and they were very critical of the project of the hospital when it did not incorporate the thirteen midwives. Nonetheless, much of the intercultural experiences in the province had worked with the expertise of Jambi Huasi, who had been training midwives before the Ministry of Health adopted the same initiative. The way(s) in which the movement enacted traditional midwifery as an indigenous practice is different from how the Ministry and Hospital both enacted traditional midwifery. Here I want to illustrate two of these forms from the standpoints of a Kichwa woman, Maria Quinga, who was also a midwife and a nurse. Her experiences are relevant because they illustrate, as it has been discussed by Segato and Nahuelpan Moreno (see, Nahuelpan Moreno, 2013; Segato, 2007), how social movements, like the indigenous movement can also reproduce homogenising depictions of people and thus forms of detemporalisation. Maria Quinga had worked in public institutions for more than a decade fighting to promote an intercultural model of health in the province, and was involved in the project of the hospital and continued to be involved in the workshops leading to the certification. She told me about her process of learning about intercultural health:

> Maria Quinga (Public servant, regional division of the Ministry of Health, Otavalo): first, when I was working for the local division of the Ministry, the engineers in the institution wanted me, as an indigenous nurse, to demand to the women to give birth in the hospital. Following their instructions, we used to tell that to women. Then the indigenous movement invited us to a general assembly of women, we participated in that meeting, and one of the ladies stood up and told me, comrade, welcome to this meeting, but you should first inform yourself of the attention that indigenous women receive, especially in hospitals. Women enter the delivery room alone; they cannot speak their language, they have to take off all their clothes –whereas in the communities they are warm with their clothes, but in the hospital they are undressed- they have to pay for medication (in that time they had to pay for medication), they are not allowed to eat, they are forced to give birth lying down or in a horizontal position. Later, all that she told me we tried to include and achieve thanks to the support of Dr Jaramillo.

In that assembly, María Quinga gained awareness of the situation of indigenous women in the province, she explained to me, and that experience changed her orientation towards fighting to mobilise a more thorough change of the health system by capacitating the health personnel on the discrimination indigenous women suffer and their traditional medicine. As I have showed, not only Maria but other indigenous organisations and people too (for instance, the mayor of Otavalo, the director of the Hospital, Jambi Huasi), had been working in Otavalo mobilising important changes and policies towards an intercultural model of health. Nonetheless, Maria also received criticism for her work in the Ministry by some leaders of the indigenous movement. In another general assembly, one of the leaders in traditional health questioned her role as an indigenous woman:

> Maria Quinga (Public servant, regional division of the Ministry of Health, Otavalo): he asked me, how can you bring the midwives into the hospital? That is going to destroy the knowledge of the midwives, he said. He told me that I was only there taking advantage of it. He now works in the Ministry, but he told us off then in front of everybody in a general meeting of the movement. Afterwards, I told him that we had not destroyed the midwives and their knowledge. And even if that was the case, I said, they have also acquired some knowledge from the doctors, and that helps both parties. In the end, the important thing was to reduce maternal mortality, and we did that. The important thing is to save lives.

From the standpoint of the indigenous leader that challenged Maria Quinga's work, the idea of a knowledge that should be kept away from doctors and the world outside their communities is sensible given the long history of colonialism. Indigenous communities have been the object of intervention, expropriation, sterilisation, and genocide (TallBear, 2018); why should they expect something different from non-indigenous people within a colonial system still at play. His doubts are comprehensible, yet he is nonetheless reproducing the binary that leads to the conception of a *pure* practice. And, as I have been discussing throughout the thesis, an idealised conception of the practice as something from the past that needs to be safeguarded disembodies the practice from the carers. In other words, he is not referring to an embodied tradition; carers are portrayed instead as recipients of a knowledge that should be kept safe from the world, out of time. The vision is not only problematic for the invisibilisation of the actual role of carers but also because he is ignoring the fact that the involvement in the project was significant for the women who participated in it.

In most of the stories of traditional midwives I have encountered in my fieldwork and compilations like those in Leon's work (2008), midwives have tended not to have had the opportunity to study, because that opportunity was denied to them by their fathers, who in many cases only allowed their sons to go to school. In many other stories I was told in this research, they had to practice midwifery against the will of their husbands, who thought they were neglecting their families. Understanding these embodied stories implies acknowledging the significance of receiving a certificate, or working in the hospital, for many of these women. In one of the meetings of midwives prior to the certification, which I had the opportunity to attend, they took some time to celebrate International Women's Day. Some shared thoughts and wishes for the rest of the group. They all repeated that women now have to make things differently, 'we cannot be behind our husbands and hide our voice, we have to speak loud and clear', 'it is important to keep sharing our knowledge, that way we get stronger'. It was typical that, in the meetings, some women shared stories of how they had saved lives in their communities. That space of mutual recognition was significant for them.

Drawing again on communitarian feminism, the point that the male indigenous leader was dismissing was that the midwives' insistence on opening other spaces to extend their practice and keep learning is part of a long, 'ancestral' fight against oppressive patriarchal systems. Systems that have associated care with a passive duty of preserving and reproducing, instead of acknowledging and encouraging its contingency and complexity, its ever-changing and ever-adapting generative nature (Cuba Nuestra, 2017; Federici, 2018; Galindo, 2018; Paredes, 2015; Rubio et al., 2017). Indeed, I wanted to tell this story here in the thesis, because it reflects much of the criticism the thirteen midwives suffered from indigenous leaders and organisations for getting involved in the project, ultimately, because they were neglecting their duties with their families and communities as 'indigenous women'. The conditions on which their knowledge have been maintained and the labour it has implied was yet again overshadowed. The illustrated interactions of traditional midwifery with other practices, including biomedicine, shows that the idea of a 'contamination' from the outside world does not withstand in reality. I argue that the long memory of the practice is also composed by their interactions with those practices, which tend to be less visible in the stories that highlight failure or victimise the carers only.

It has not been my intention in this chapter to reduce the participation of any of the people involved in the project to either villains or victims. Instead, I have presented

the multiplicity inside the hospital, the indigenous movement, midwives and public servants. Throughput the thesis, but especially in this chapter, the important message I aim to communicate is the importance of doing care politics to address the different temporal and power structures at play. Not that it can be done once and for all but rather acknowledging precisely the contingent nature of social practices and institutions (their being-becoming dynamic). I want to end with some questions that seek to wrap things up and bring together the key points and reflections about this chapter and elsewhere in the thesis. The first question is: what form of the past is assumed in the different ways that tradition is enacted throughout this story? In connection to this, how might those readings of the past affect the carers? Is there a connection between a detemporalised past and a homogenised population? And finally, how can we build more caring connections to the past in which carers can also be cared for? In the final chapter, I engage with these questions and develop the final remarks of this thesis.

Chapter VII. Conclusions

Throughout the thesis, I have argued that traditional practices of care maintain an affective, non-linear relation to the past in which the past is multiple, adapts and readjusts to diverse situated presents. I have called this practice *caring for the past*, and I have explored it via two lines of interrogation. On the one hand, the thesis has exposed forms of detemporalisation of the past affecting the carers (Chapter Six) that contrast with the enaction of the past in traditional practices of care. That is, in contrast to the carers' connection to the past through their practice that helps them cultivate their attentiveness and response-ability in the present, detemporalised conceptions of tradition fail to acknowledge the carers agency within the traditional practices in the present. On the other hand, the thesis has also illustrated that the detemporalised accounts of the practices neglect the complicated temporal structures that the labour of caring for the past maintains (Chapters Four and Five). Accordingly, I have argued that, while critiques of colonial structures have highlighted the invisibilisation of colonised peoples' histories and trajectories under the homogenising narrative of progress, counter-narratives that respond with a general counter-history are not enough. As it has been discussed, counter-narratives that do not account for the lived experiences of time can end up reproducing the same oppression as colonial narratives and practices, i.e. racialization, otherisation, invisibilisation. Thus, more empirical studies addressing the being-becoming dynamic of lived time are needed. The premise of this thesis is that, by addressing the contingency and complexity of lived time, temporal structures and agency shaping the practices can be examined and hopefully re-imagined and re-negotiated. In this closing chapter, my aim is to draw together, and reflect upon, the key contributions of my thesis in these regards. I start by briefly summarising the contributions of each empirical chapter and then move to a concluding discussion on care politics and detemporalisation. Finally, I discuss some of the limitations of my study and possibilities for future research.

7.1. Key empirical findings

In Chapter Four, I argued that in agroecology, the carers are always adapting to the contextual needs; moreover, they adjust traditional and non-traditional knowledge to meet those situated needs as best as possible. Additionally, I argued that the attention to the present in their practice is a cultivated attention through generations in which complex forms of relating to the land and the other beings inhabiting it, have shaped complex ecosystems. In this form, the chapter talked about territories shaped by

centuries of complicated relations that the carers help to maintain and nourish. The chapter also contrasted the labour of the carers to the agricultural production in plantations and the agro-industry where the land is treated as a blank space to produce future assets, therefore, abstracted from the lived connections and multiple pasts and presents of the different beings shaping that land (Adam, 1998; Haraway, 1992; Tsing, 2016). The analysis in Chapter Four further revealed how difficult it can be for carers to maintain and continue their knowledge under the present circumstances. For instance, when practices that were more communally held by previous generations are now in the hands of some few individuals (such as the case of cooking traditional recipes); or with the continuous land grabbing risking their sovereignty and reproduction of their embodied memory. Furthermore, it also illustrated the temporal structures supporting the practices, such as the early start of the ferias in the morning. I suggested that the politics of uneven temporal structures needs to be brought to the front to have a more comprehensive picture of the labour of the carers and its implications.

Another aspect of the data that illustrated how the connection of the carers to the past through their practice nourishes essential connections in the present was midwives' healing practices. Through the stories of traditional midwives, Chapter Five highlighted the affective elements of the practice that connects the carers' to their ancestors. This empirical chapter pointed to analyse how the affective connections to the past allow the carers to be more attentive and respond to the present needs. Furthermore, the chapter showed that continuity, or the maintenance of their ancestral practice, happens *through* change, through forms of experimenting, interrogating and staying curious.

Taken together, these two cases, i.e. traditional practices of care in agroecology and midwifery, also presented a particular form of *cultivation of the land*. Cultivation referring both to the process of caring for the land and knowing about the land and what grows in it. Land, in the studied practices, is not an empty terrain where the practice unfolds, but rather a space cultivated through generations, with particular interrelated stories and elements in need of care and nourishment. Thus, it is a space filled with meaning for the carers where the connection among different beings in the way they appear in the present is not necessary but rather they are maintained and cared for. Furthermore, the cultivated land is the medium through which the past and the present meet; there are multiple pasts shaping the land, and because the soil and the animals and the plants are all living beings, it is also opened to the contingent processes of life and

transformation, including loss, death and decay. For example, ancestral seeds, which farmers in agroecology help to maintain, are more than a material good transmitted from generation to generation. On the contrary, seeds carry the uncertain possibilities of life that are only opened once they are sowed and transformed into something else. The materiality of the past in ancestral seeds is thus awaiting transformation through manipulation and care. Accordingly, one of the main arguments put forth in this thesis is that, through their relationship to the land, the carers have not only survived the precarious situations they have endured for centuries, but along with their ancestors, they have also made that past flourish in the present. Similarly, the thesis has argued about the critical role the carers play in maintaining and extending the diversity of crops, and the associated health and resilience of ecosystems, by nourishing both human and non-humans through their practices. This is of particular importance in midst of an ecological crisis in which countries like Ecuador are particularly susceptible.

Following this idea of practices opened up in the present, precisely one of the more significant findings to emerge from this study is that the traditional practices of care do not happen, nor do the carers want them to happen, safeguarded from the contingency of the world. Chapter Six provided examples of how dichotomous readings of the practices can imagine the practice as happening within the atemporal confines of a secluded culture. Moreover, practices get framed as repeating an original past with no resonance in the present, and when detached from its relational quality the past is no longer the past of a certain present lived experience or relation, but rather a crystallized essence with no dynamic quality. In doing so, the chapter suggested, those readings can indeed affect the carers, the conditions of their practice and the attempts to recognise their labour. Furthermore, based on the empirical data, Chapter Six opened up some questions that will now frame the concluding discussion, which elaborates on the issue of politics of care and their connection to the question of detemporalisation. In particular, the next section engages with the questions of how this thesis has contributed to the growing scholarship on the politics of care more generally. Thereafter, I discuss some of the limitations of my study and how they can be read as opportunities for future research.

7.2. Care politics and detemporalisation

Throughout this thesis, I have positioned my research as something that is intended to contribute to the politics of care by addressing the labour of the carers and by re-imagining caring relations towards them. I base this concluding discussion on this standpoint with the help of Tronto's proposal to conceptualize what she calls a *caring*

democracy (Tronto, 2010, 2013) because it provides a simple analytical framework to think about the politics of care. A caring democracy, Tronto argues, starts by questioning the use of stable categories such as 'those who need care' and 'those who must provide such care'. Moreover, a caring democracy, according to Tronto and the model that is ultimately proposed here also, begins by understanding that we all have different care needs throughout our lives. Therefore, the right and obligation to care and be cared for should be shared more equally among all, which implies to focus on the carers and the labour they are currently doing. Indeed, following and addressing the needs and concerns of the carers has been a basic premise of this thesis. Furthermore, Tronto continues, if care is present throughout our lives in an integral way, understanding how different practices of care materialise in different social institutions, organizations and groups in general, can help us on the way to improve the models of care and the circumstances in which care is provided (Tronto, 2010). In this sense, doing care politics starts by asking, what needs are being answered, who is responding to those needs and in what way or under what circumstances.

Tronto's approach to the politics of care is important: rather than defending care as a morally superior practice, Tronto argues that examining how care practices occur can help to us understand how the different ways in which care is organised, and ultimately, how it shapes our social fabric. In other words, most social formations would have a mode in which care is distributed and organised. In this way, Tronto discusses not only more democratic forms of care but also argues that a democracy itself is based on (more) equitable ways of distributing care. More importantly, a caring democracy is not a way to solve all needs but a way of opening up the space for dialogue and negotiation that in turn allow for learning and adaptation to happen (Raghuram, 2016; Tronto, 2010).

Tronto presents three guiding points to analyse practices of care and move towards a caring democracy. First, there has to be an explicit consensus and discussion about the purpose of the care activities or care work. That is, the role of care cannot be taken for granted. Secondly, in a similar way, the discussion should ideally include the power relationships that care reproduces or potentially can produce and how they will be managed. Care responsibilities should be distributed (more) equally, so that there are fewer people who live lives with few opportunities due to lack of care and in the same sense, people who can easily give up their care responsibilities. Finally, care must be understood in its multiplicity. This means that the needs will change from person, group

or organization to the other; and, we should always be open to the possibility of care being done in a different way (Tronto, 2010).

We can take Tronto's work as a useful way of reading some of the findings in this research and further exposing how the thesis contributes to the debate of doing politics of care as well. For instance, regarding the discussion on the purpose of care, this thesis has defended a praxiographical approach that is able to engage with the practicalities of care, i.e. the activities, tools, etc., in terms of how they are done and used in practice. In a way, this approach is similar to the time use surveys that are widely used in care studies, with the difference that a qualitative study like the one presented in this thesis introduces a supplementary level of analysis. While time use surveys are great to illustrate the unequal distribution of care labour, a qualitative study such as the one presented here can explore the different worlds of the carers as they happen in the present in the field. In doing so it can also make more visible the temporal structures that the diverse forms of the practice enact by discussing for instance the quality of time spent in different activities and how some temporalities are more valued than others or expected to recalibrate to the time of others (Sharma, 2014b). That means acknowledging practices of care as something more than the sum of the different activities. Indeed this thesis has defended the importance of studying the more complex temporal structures that the practices of care maintain for which I have made the case of exploring traditional practices of care as forms of *caring for the past*. I thus argue that the discussion of caring for the past put forth in this thesis is relevant to care politics, because it critically explores detemporalised readings of the practices that *otherise* the carers and which, can otherwise be more challenging to address. In this regard, Chapter Six discussed how, despite the intention of recognising the ancestral practice of midwifery, when it is read 'outside' of the temporal dynamic of being-becoming, it can end up contributing to the invisibilisation of the labour of the carers.

In connection to this point, when talking about responsibilities, a qualitative study of time allows situating responsibility beyond the household, which is often the unit of analysis of time use surveys, and many of the debates around care. For instance, this was the case of the temporal structures that the carers maintained to keep the feria functioning (Chapter Four). In that case, not only the time of the carers was a productive time that sustained the carers' families, and thus a matter of distribution of work within a household, but also the time of the carers sustained the consumption of the customers of the feria. Importantly, examining time in this way illustrated the privileged

irresponsibility of different actors, such as clients of the feria who do not recognise the extent of labour of the carers and their responsibility regarding the carers' wellbeing, or local governments that do not respond to the carers' needs and demands, such as in the case of the space of the feria in Cayambe. Accordingly, I have argued that addressing detemporalisation, or making visible the temporal structures holding the practices together, are crucial ways of doing politics of care, because they provide different lenses through which to examine the responsibilities and irresponsibilities of the different actors involved.

Regarding the third point of taking into account the multiplicity of care itself, when I was analysing the traditional practices of care of the farmers and midwives, multiplicity emerged again and again as a mode through which care was done, practiced and understood; the carers were always responding to contingent situations in multiple ways. Indeed, a relatively simple yet important finding of this study is that a caring way of relating to the practices of care is to engage in conversations with carers and to learn from them. In this sense, as much as I have brought together different theoretical and conceptual tools to analyse the practices and build different arguments to compose this study, ultimately the main idea this thesis suggests is that we can learn more caring ways of relating to these traditional practices of care from the carers and their labour of caring for the past.

Finally, I have suggested that the assumptions we make of the past matter and can shape more or less caring relationships. Furthermore, this thesis acknowledges the work and effort of feminist studies and feminist movements to question and subvert the divides mind-body and culture-nature, under which care labour has been categorised as a natural mundane activity in which the labour of carers has been neglected and undervalued. The analysis of detemporalisation framing the thesis contributes in this regard to study practices of care while questioning these divides at least in three different ways. One way is by addressing its multiplicity, which is not only spatial but also temporal; a second way is by illustrating how stories do not happen in an empty vacuum, but are in situated practices that maintain multiple relations to the past; and a third is by exploring lived stories as affective embodied experiences. Moreover, addressing detemporalisation in practices of care allows focusing attention on agency, upon which questions regarding care politics can be opened and explored.

7.3. Limitations and future research

In Chapter Three, I discussed some of the limitations of my study in more detail. In this last section, I want to focus on two main points that relate to the previous discussion on care politics. On the one hand, I discuss 'having the time' and 'taking the time' to do a qualitative study, and what this implies in the context of my research. On the other hand, I also discuss how parts of my research could be read as forms of the otherisation of the various actors interacting with midwives and farmers. I discuss these two limitations under the light of possible lines for future research that can be particularly relevant for the Ecuadorian context and researching caring practices in rural settings in general.

Regarding the first point, although the research has benefited from the use of qualitative methods to explore the question of time in an in-depth manner, having done my research of two different groups of carers, in various locations and through different personal stories, have also provided limitations to what was possible to achieve in this research. On the one hand, the thesis argues that, by bringing together the different stories, a complex story of the practices can be narrated to counteract forms of decontextualisation and detemporalisation of the practices. Nonetheless, on the other hand, the complexity of the practices demands more in-depth immersion into the cases than the one my study was mostly able to provide. As discussed in the methodology chapter, the immersion into the case studies felt more like an initial exploration of the topic. When writing the stories, this also meant that each empirical chapter could have been developed in more depth than the limits of a chapter allowed. A qualitative study of time dealing with practices with a long intergenerational history undoubtedly requires time. It is difficult, for example, to capture intergenerational dynamics in a short period of time dedicated to the research. Likewise, in connection to the politics of care, I have discussed that a vital part of the carers' lived time is how they take the time to attend to the different beings in their practices. Taking the time to care is a crucial topic within care politics that should also push us to question our temporal structures in researching time and how can we engage with more caring ways of doing research in which we can take the time. In this sense, the thesis has covered a number of issues that could each be further examined in their own right. Nevertheless, the attempt here was, much like a painter who brings together different elements of a larger story to tell another story within a particular frame, to bring together different ways in which care is practiced in Ecuador through the eyes, hands and stories of the carers that took part in this research.

The time-constriction that shaped the entire project was particularly evident in Chapter Six, which also relates to the second limitation. Although I tried not to 'other' the doctors, nurses and public servants in the story of the hospital project in Chapter Six, and taking in account that my research aimed to examine practices of care through the stories of the midwives, and I did not take nor have the time to explore the involvement of more actors further, I understand that the chapter may be read in a way that biases or is arguably sympathetic to the midwives in particular ways. The main weakness of this chapter is in part due to the paucity of testimonies from diverse actors. In this sense, contrary to my goal, this chapter could be used to defend a dichotomous readings of traditional midwifery versus biomedicine, which was not my intention. In this regard, if the debate is to be moved forward, a better understanding of the different actors' needs and involvement in the project is desirable. On a positive note, the insights gained from this study may be of assistance to further an analysis in this direction. That is to say, one of the key learnings made in this chapter is that there is an urgent need to take seriously the multiplicity of actors 'doing care' in particular sites and times, while also addressing the power structures that go into shaping those care relations and practices.

Regarding this point, if I was to take this argument further, it is essential to open a dialogue with nurses and doctors - and treat them as colleagues, as Mol suggests (Mol, 2002).

Given that the practices of traditional midwifery and agroecology may deal with different non-human beings, such as as plants and animals that featured in the practices examined in this research, it is also important to take seriously the debates in other disciplines that have built tools to explore the stories of other non-human beings. Throughout this thesis, I have positioned my research as mainly an empirical contribution to the discussion of the multiplicity of time. I have tried to land the complex theories and philosophical discussion in the stories of the carers, but this thesis also illustrates the benefits of putting in the effort to take the different theoretical tools seriously. What does it mean to take a conceptual tool seriously? For instance, in the case of *enactive cognition*, a concept developed within biology to explain the emergence of life and knowledge, this concept was able to capture the importance of addressing embodied cognition and go beyond the divides mind-body, nature-culture. Taking other disciplines seriously implies taking the time to explore them, and perhaps the scope of a doctoral research is not enough to do so, but it can certainly point to that direction. The emergent field of Animal Studies, for instance, could provide useful tools to explore the carers' connection to the

animals further. Regardless, I argue that taking debates in other disciplines seriously is crucial to continue the discussions on problems intersecting people and other beings, such as the case of traditional midwifery and agroecology. Furthermore, interdisciplinary studies can be crucial to challenge the divides mind-body, nature-culture that reinforce detemporalised readings of the practices.

In the same line of thought, further work is needed to fully understand the implications of the labour of care in traditional practices of care in the maintenance of diverse ecosystems and sovereignty of the territories. In recent years in Ecuador there have been significant mobilizations and political victories of rural and indigenous women, accompanied by a growing interest in studies that combine feminism and reflections on the territory to understand the relationship of body and land (Colectivo de Geografía Crítica del Ecuador, 2018; Colectivo de Investigación y Acción Psicosocial, 2017; Vásquez et al., 2014). This type of reflection has brought attention to the political activism of rural women and its connection to historical demands for the sovereignty of the peoples over their territories. They illustrate the historical role that women have had in defending the sovereignty of their territories through their practices of care for their families and communities. For example, by taking care of family crops (the farm), feeding their families, healing through ancestral medicine and doing political activism.

It seems pertinent to point out this development of the debates about the historical role of rural women in charge not only of the sovereignty of their territories but also of caring for and maintaining the country's food sovereignty, diverse ecosystems, healthy bodies and clean water. I think it would be interesting to see the development of the concept of care in Latin America incorporating these historical demands and struggles that help us contextualize the work of carers in broader colonial, industrial and capitalist structures. The genealogy of the concept of care in the region, accompanying political demands of feminist movements, has mainly focused on the debate on salary and non-salaried work (Aguirre et al., 2014; Aguirre & Ferrari, 2014; Calderón Magaña, 2013; Galdames Calderón, 2019). Attuned to this, the notion of care was incorporated into the political constitution of Ecuador of 2008; based on which, debates and laws that contemplate the remuneration of domestic work have been shaped (Aguirre & Ferrari, 2014; Calderón Magaña, 2013; Instituto Nacional de Estadística y Censos - INEC, 2013). However, it would be essential to expand the notion of care to include the labour of carers in traditional practices of care, and how it connects to the food sovereignty and the diverse ecosystems that the constitution also protects. This thesis has sought to illustrate

the benefit of using the framework of care studies to analyse the practices of traditional midwifery and agroecology. Hopefully, some crucial tools that have mobilised the politics of care in the region can also be useful to amplify the needs and demands of midwives and farmers.

Finally, regarding the discussion about the future, the thesis has shown that the care for the past, roots the future in concrete possibilities of flourishing for each territory (as discussed by, Adam, 2009; Adam & Groves, 2007; Haraway, 2016; Luhmann, 1976). Moreover, it has also proposed that the practices of caring for the past enrich the possibilities of better futures by weaving in the present essential connections among different beings. In a nutshell, this thesis argues that a more nuanced understanding of the practices that maintain, continue and re-invent our connections to the past, sheds light to the fact that they also cultivate fabulations of better futures rooted in the practices of the carers. This is an important issue for future research because it accentuates the present and future possibilities of traditional practices of care, rather than focusing on an original, static or remote past with no resonance in the present. Ultimately, such a focus also accentuates the agency of carers, hopefully helping to mobilise resources to recognise and support their work, rights and the possibilities of better futures for us all.

Appendices

Appendix 1. Information sheet (in Spanish/original)

Hoja de Información sobre la investigación

Hola, mi nombre es Paz Saavedra, soy ecuatoriana y actualmente estoy haciendo un doctorado en la Universidad de Warwick en Inglaterra. Como parte de mi tesis doctoral estoy haciendo una investigación en Ecuador sobre prácticas de cuidado de la tierra y el cuerpo en manos de mujeres. En primer lugar, muchas gracias por compartir tu tiempo conmigo y por prestar atención a esta hoja de información que está elaborada para familiarizarte con la investigación y para informarte de tus derechos si decides participar en ella.

¿De qué se trata la investigación?

Me interesa estudiar prácticas de cuidado de la tierra y del cuerpo que involucren conocimientos tradicionales y que sean reproducidas por mujeres. Para esto investigaré dos tipos de prácticas que cumplen con estas características. La partería tradicional y la agricultura agroecológica para alimentación escolar con cultivos locales.

¿Cómo se llevará a cabo?

Se trata de una investigación cualitativa que incluye entrevistas a los actores involucrados, observación de las prácticas y los instrumentos que se usan (micro-etnografía), investigación documental e histórica.

¿Cuáles son los riesgos involucrados en este estudio?

No se anticipa ningún riesgo con tu participación, pero tienes el derecho a detener la entrevista o retirar tu consentimiento de la investigación en cualquier momento sin ninguna explicación, si percibes riesgos emergentes. En lo posible tu contribución se mantendrá confidencial, respetando en todo momento normas jurídicas y académicas. Cualquier extracto contenido en la entrevista, estará anonimizado para que no puedas ser identificada.

¿Cuáles son tus derechos como participante?

Participar en el estudio es voluntario. Tú puedes elegir no participar o posteriormente cesar tu participación en cualquier momento. Además, si lo deseas puedes tener acceso a revisar las notas, transcripciones u otros datos recogidos durante la investigación referente a tu participación para asegurar que no estás siendo tergiversada.

¿Habrá algún beneficio económico para la investigadora?

Ninguno, los datos de esta investigación no se utilizarán con fines comerciales. En caso de haber publicaciones académicas (no comerciales), se entregará una copia del material a los participantes.

Materiales producidos a partir del estudio o la investigación

Si decides participar en esta investigación, habrá un producto elaborado exclusivamente para las parteras a partir de los resultados, dependiendo de sus intereses y necesidades. Este puede ser un archivo de audio o un archivo de texto que se pueda reproducir y difundir. Asimismo, se puede organizar algún taller o evento sobre temáticas de interés común para el beneficio de las participantes.

Información de contacto

Esta investigación ha sido revisada y aprobada por la Junta de Estudios de Posgrado de la Universidad de Warwick. Si tienes cualquier pregunta o inquietud acerca de este estudio mis datos de contacto son:

Teléfono: XXX XXX XXXX

Whatsapp: XXXX XXXXX

Correo electrónico: XXXXXXX

También puedes contactar a mi supervisora en la universidad de Warwick en Inglaterra:

Dr. Emma Uprichard: XXXXXXX

¡Gracias por tu tiempo y colaboración!

Appendix 2. Information sheet (in English/translation)

Research Information Sheet

Hello, my name is María Paz Saavedra, I am Ecuadorian and I am doing an investigation in Ecuador about intergenerational care and memory. First of all, thank you very much for sharing your time with me for this activity and for paying attention to this information sheet that is designed to familiarize you with the investigation and to inform you about your rights, if you decide to participate in it.

What is the investigation about?

I am interested in knowing the logic of care practices involving traditional knowledge, and how these practices are maintained and updated over time in the hands of people, in this case women, and specific contexts. I am mainly interested in the connection of embodied knowledge and the connection of past and new generations. For this purpose, I have chosen two types of practices that meet these characteristics. Traditional midwifery and agroecological agriculture with local crops.

How will it be done?

It is a qualitative research that includes interviews with the actors involved, observation of the practices and instruments they use (micro-ethnography), documentary and historical research.

What are the risks involved in this study?

No risk is anticipated with your participation, but you have the right to stop the interview or withdraw your consent to the investigation at any time, without explanation, if you perceive emerging risks. As far as possible, your contribution will be kept confidential, respecting the legal and academic norms at all times. Any extract contained in the interview will be anonymized so that it cannot be identified.

What are your rights as a participant?

Participating in the study is voluntary. You can choose not to participate or stop your participation later, at any time. In addition, you can access the notes, transcripts, or other data collected during the investigation, to make sure you are not being misrepresented.

Will there be any economic benefit for the researcher?

None, the data of this research is not used for commercial purposes. In case of having academic publications, a copy of the material will be delivered to the participants.

Thanks for your time and collaboration!

Contact information

This research has been reviewed and approved by the Graduate Studies Board of the University of Warwick. If you have any questions or concerns about this study, my contact details are:

Phone: XXXXX

Whatsapp: XXXX

Email: XXXX

You may also contact my supervisor at the University of Warwick in England:

Dr. Emma Uprichard: XXXXX

Appendix 3. Summary of the project of implementation of the delivery room in the Hospital of Otavalo

Identified problem	Description	Actions taken by the hospital	Problems or difficulties
Physical infrastructure	Women found the hospital rooms cold and lacking intimacy (big windows, everything white and uncomfortable).	Design and implementation of a homely-feeling room: wood-like interior, heating, tubes fixed at the wall to hold and deliver in a vertical position, ropes hanging from the ceiling for the same purpose, mat in the floor.	There were some challenges regarding the mobility between the waiting room, the delivery room and the surgery room in case of emergencies. In the end, the delivery room was moved to a different place, and some elements were kept but not all.
Participation of the midwife	Women felt comfortable around their midwives; they trust them; the hospital did not allow anyone to enter the room apart from the woman in labour.	Midwives were allowed to enter the delivery room. From their own initiative, 13 traditional midwives from different rural communities started to take turns to work day and night in the hospital, helping doctors and patients.	The Council funded some of the expenses of the midwives at the beginning, and the hospital organised the work among midwives and health personnel. However, when the international funding ended, the Council stopped the funding too. The midwives never received a proper salary for their work.
Clothing	Women did not like to be so exposed in the hospital gown, plus it was cold and therefore detrimental for them and their babies.	Instead of the typical hospital gown with the back opened, a warmer gown was designed with a smaller opening (to keep women warm and respecting their intimacy).	None reported.
Food	When they give birth at home, they usually eat something to build strength for the labour.	It was made possible to enter food before delivery according to their customs.	Significant resistance of the health personnel. It worked at the beginning, but it is not working at the moment. It is not clear why.
Herbal infusions	Midwives have different recipes to ease the delivery and give strength to the woman in labour.	A place was designated to prepare the infusions if the doctors approved their intake.	According to midwives, they could rarely give infusions in the hospital, and when they did, they brought them from their houses. Doctors widely believe it is not appropriate for women to drink herbal infusions prior to delivery.
Family companion	This is one of the essential elements for the patients according to the study; they did not want to be there by themselves.	A family member or midwife was allowed to enter the delivery room with the woman.	There was a big resistance of the health personnel arguing they could contaminate the room.
Language	Perhaps the most significant barrier for both parties.	Some very basic training was given to the personnel. Also, the signs in the hospital were written in Kichwa, and a basic health-related vocabulary was handled.	Language continues to be a barrier to communication. Midwives played a crucial role as translators; they were the bridge between doctors and Kichwa speaking patients.

Delivery position	At home, women could accommodate to the position they felt comfortable. Many times, it is a vertical position. In the hospital, they had no choice but to give birth horizontally.	They adapted the room to fit vertical delivery and doctors were obliged to inform the patients of their right to choose the position. When they work there, midwives were the ones in charge of informing women about their right to decide the position.	The design was adapted from a Peruvian model that was not entirely appropriate for the context. The rope was a foreign method for women.
Distance	There were cases in which women arrived at the hospital from their communities, and the doctors told them they were not ready and to come back in 12-24 hours. However, the distances between their communities and the Hospital are not short, not to mention the difficulties and costs of transportation. They did not come back. The same for women whose babies needed to stay hospitalised, it was hard for them to stay with them and then go home every day.	A 'Maternal House' was created based on similar models in the region. Its purpose was to host women and their families in the exceptional cases they had to travel long distances.	The maternal house faced many problems, there was not enough personnel to be in charge of it, and finally, when the new hospital administration took over, they decided to close it. A healthcare centre was functioning there by the time I did my fieldwork.

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